

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6647

State File No. 1218
Registrar's No. 1218

FILED MAR 5 1952

318

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2219</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips</u>				d. STREET ADDRESS (If rural, give location) <u>21 1131 N. 18th St.</u>									
3. NAME OF DECEASED (Type or Print) <u>Kregg</u>			a. (First) _____			b. (Middle) _____			c. (Last) <u>Morris</u>				
4. DATE OF DEATH <u>Feb 2, 1952</u>			Month _____ Day _____ Year _____										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>June 6, 1909</u>		9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRL. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Hallie June Morris</u>				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Hallie June Morris</u> ADDRESS <u>1131 N. 18th</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide Poisoning</u> ANTECEDENT CAUSES <u>suffered when deceased inhaled smoke from fire in room of house 431 B No 18th St. accident</u> DUE TO (c) <u>5:15 pm Feb 2 1952</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>ooo Accident</u>								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. E 8927</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 2 52 5:15</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E9160-16</u>									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:46 P</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Samuel G. Taylor</u> (Degree or title) _____				23b. ADDRESS <u>1300 Park Center</u>				23c. DATE SIGNED <u>2/6/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u>							
DATE REC'D BY LOCAL REG. <u>FEB 7 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Athena Bros. 3644 Fenney</u>							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.