

No. 300  
10.48

1-10-53

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43666**  
Registrar's No. **11530**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2129</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>706 N. Kingshighway</b>		d. STREET ADDRESS (If rural, give location) <b>706 North Kingshighway</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>MACON</b>	b. (Middle) <b>MARVIN</b>	c. (Last) <b>MORRIS</b>	<b>12 14</b>		<b>52</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 24, 1889</b>	9. AGE (In years last birthday) <b>63</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Geo. A. Breon Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mascow, Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>					

13a. FATHER'S NAME <b>Charles Morris</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie Mangrum</b>	14. NAME OF HUSBAND OR WIFE <b>Nelle F. Morris</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW #1</b>	16. SOCIAL SECURITY NO. <b>yes</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nelle F. Morris, 5468 Enright Avenue</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>  <b>1947</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary heart disease</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>420.1</b>

22. I hereby certify that I attended the deceased from **June, 1944 to 12-14, 1954** that I last saw the deceased alive on **9-6, 1954** and that death occurred at **8:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. M. Charles MD</b>	(Degree or title)	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>12-15-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>12-16-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clinton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Kentucky</b>

DATE REC'D BY LOCAL REG. <b>DEC 15 1952</b>	REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. Lupton &amp; Sons-7233 Delmar Blv'd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1938

Dr. Cecel Charles  
3720 Washington Bl'v'd.  
JE-5022

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 Clarence B. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.