

FILED NOV 19 1953

STANDARD CERTIFICATE OF DEATH

40924
State File No. 10210
Registrar's No. 10210

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital.		e. STREET ADDRESS (If rural, give location) 1021 Howard, St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Ernie	b. (Middle) Earl	c. (Last) Morris	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1953
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5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 18, 1906	9. AGE (In years last birthday) Months Days Hours Mins. 46 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Mississippi Co., Ark. /	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Morris	13b. MOTHER'S MAIDEN NAME Sallie McKalip	14. NAME OF HUSBAND OR WIFE Viola
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-18-9384	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sallie Morris, 1021 Howard St.
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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 DEATH AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) External hemorrhage followed by antecedent causes - stab wounds of neck, self inflicted with pocket knife Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Madison Ave. on Oct. 23, 1953. about 830 am, after deceased was stabbed and Viola Morris		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Suicide	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 23 53 8:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E977X
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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 9:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE Frank Taylor, Crown	(Degree or title)	23b. ADDRESS 303 Oak	23c. DATE SIGNED 10/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-27-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. OCT 27 1953	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Etton R. Ravalie*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.