FILED JAN 4 1954

XC 2 409 633

Reg. # 115 643

STANDARD CERTIFICATE OF DEATH

State File No. 44787

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3311

1. PLACE OF DEATH

a. COUNTY: ST. LOUIS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.

c. LENGTH OF STAY (in this place): 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY:

c. CITY OR TOWN: ST. LOUIS

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 3929 PAGE AVENUE

2119 1

3. NAME OF DECEASED (Type or Print)

a. (First): Eugene

b. (Middle): (NMI)

c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): 12 23 53

5. SEX: MALE 2

6. COLOR OR RACE: NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: 5-11-1877

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and State or Foreign Country): JACKSON, MISSISSIPPI

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Morris

13b. MOTHER'S MAIDEN NAME: Edith Brown

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES SPAW

16. SOCIAL SECURITY NO.: 487 18 3373

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF.BRKS., MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNK

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDIAL INFARCTION, PULMONARY INFARCTION 443X — UNK

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *I attended the deceased from* 12-16- *, 19*53*, to* 12-23-53 *, 19 ___, ~~[illegible]~~ ~~[illegible]~~ and that death occurred at* 2:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.A. Allen, M.D.

23b. ADDRESS: VAH, JEFF. BRKS. MO.

23c. DATE SIGNED: 12-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/28/53

24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

24d. LOCATION (City, town, or county) (State): St.Louis County, Missouri

DATE REC'D BY LOCAL REG.: 12/26/53

REGISTRAR'S SIGNATURE: Herbert R. Jaenke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.W.Roberts 1416 N.Taylor Ave.

(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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.