

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS COUNTY 0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON MO</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY OR TOWN <b>Webster Groves</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>ST LOUIS COUNTY Hosp-</b>		STREET ADDRESS (If rural, give location) <b>562 BELL AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) <b>Morrison</b> c. (Last) <b>Morrison</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 2 - 55</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec 19 1882</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Webster Groves MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JACOB OSAU</b>	13b. MOTHER'S MAIDEN NAME <b>Sylvia MORRISON</b>	14. NAME OF HUSBAND OR WIFE <b>THEODORE MORRISON</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Headline Morrison</b>	ADDRESS
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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 ONSET AND DEATH <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) <b>Hypertensive Cardiovascular Disease</b> 2) <b>Renal Cell Carcinoma</b>		Years <b>?</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X H</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-2**, 19**55**, to **2-2**, 19**55**, that I last saw the deceased alive on **2-2**, 19**55**, and that death occurred at **2:40pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles E Brodine MD</b>	(Degree or title)	23b. ADDRESS <b>601 S. Brentwood Blvd</b>	23c. DATE SIGNED <b>2/3/55</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-7-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Father McKinstry</b>	24d. LOCATION (City, town, or county) (State) <b>Webster Groves MO</b>
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DATE REC'D BY LOCAL REG. <b>2-4-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Headline J. Guedes</b>	ADDRESS <b>1306 Oldline</b>
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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.....

*Handwritten signature: Hendase J. Gaudin*

Licensed Embalmer No. 427

P. O. Address 1308  
Westview Drive

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.