

STANDARD CERTIFICATE OF DEATH

10570
State File No.

FILED FOR 4 1955

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 569

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LAWN</u>	c. LENGTH OF STAY (In this place) <u>5 YRS</u>	c. CITY OR TOWN <u>PINE LAWN</u>	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 <u>3826 COUNCIL GROVE</u>		STREET ADDRESS (If rural, give location) <u>3826 COUNCIL GROVE</u>	

3. NAME OF DECEASED (Type or Print) <u>LOUISA MORRISON</u>	a. (First) <u>LOUISA</u> b. (Middle) <u>MORRISON</u> c. (Last) <u>MORRISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-5-1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV-19-1866</u>	9. AGE (In years) (Month) (Day) (Min.) <u>88 5 16</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS - MISSOURI</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>HENRY KIENZLE</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES A. MORRISON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>with Louis Morrison</u>	17. INFORMANT'S SIGNATURE OR NAME <u>McLannan</u> ADDRESS <u>1641</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>	DUE TO (b) <u>Hypertension</u>		—
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Arterio-sclerosis</u>		—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Senility</u>		—

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 May 12, 1954 to Mar. 5, 1955, that I last saw the deceased alive on Mar. 5, 1955, and that death occurred at 8:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert Wall M.D.</u>	23b. ADDRESS <u>5322 Helen Ave</u>	23c. DATE SIGNED <u>2/7/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MAR-8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS - MO</u>
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DATE REC'D BY LOCAL REG. <u>3/7/55</u>	REGISTRAR'S SIGNATURE <u>Walter R. Tompkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Tanner</u> ADDRESS <u>Natural Bridge</u>
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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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer R. Sadwell*.....

Licensed Embalmer No. *4077*.....

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.