

06001

FILED FEB 14 1950 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17223

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

John Henry Morris  
1877-1950 (72)

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (When deceased lived. If landless, residence of next of kin.) a. <u>St. Louis</u>	
b. CITY (If outside corporate limit, with JOURNAL and TOWN) <u>St. Louis</u>		c. CITY (If outside corporate limit, with BUREAU and TOWN) <u>St. Louis</u>	
d. FULL NAME OF (If not in hospital, in institution, give street address or location) <u>John Henry Morris</u>			
3. NAME OF DECEASED (Type or Print) <u>John Henry Morris</u>		b. (Middle) <u>Henry</u>	
5. SEX <u>M</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
6. COLOR OR RACE <u>W</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done, if not in work of warlike life, or if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
13. FATHER'S NAME <u>George W. Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Flora B. Morris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial infarction</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
19a. DATE OF OPERATION		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death that not related to the disease or condition causing death.	
19b. MAJOR FINDINGS OF OPERATION		11. OTHER SIGNIFICANT CONDITIONS DUE TO (a) _____ DUE TO (b) _____ DUE TO (c) _____	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	
21d. TIME OF INJURY (Specify)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP)		21f. HOW DID INJURY OCCUR	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Humphrey</u>		23b. ADDRESS <u>St. Louis, Mo.</u>	
23c. DATE SIGNED <u>1-7-50</u>		23d. SIGNATURE OF REGISTERAR <u>J. M. Humphrey</u>	
24. BUREAU OF HEALTH, REMOVAL (Specify)		24. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
DATE RECD BY LOCAL REG. <u>1-15-50</u>		REGISTRAR'S SIGNATURE <u>J. M. Humphrey</u>	

(Sealed Envelope's Seal on Reverse Side)