

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30901

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H
City Richmond Gate No. St Marys Hospital

File No.
Registered No. 175 St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward. Seeloge Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21-1917</u>		
7. AGE	YEARS <u>16</u>	MONTHS <u>1</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	<u>Student</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Francis Co Mo</u>	
FATHER	13. NAME	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	<u>John E. Morris</u>	<u>Washington Co Mo</u>
MOTHER	15. MAIDEN NAME	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	<u>Hell Holmes</u>	<u>Ste Genevieve Co Mo</u>
17. INFORMANT (ADDRESS)	<u>John E. Morris Seeloge Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Seeloge Mo</u>	DATE <u>Sept 5 1933</u>
19. UNDERTAKER (ADDRESS)	<u>Wayer and Co Seeloge Mo</u>	
20. FILED	<u>9/3</u>	19.33 <u>Gertrude Porter Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933, to Sept 3 1933. I last saw h. l. m. alive on Sept 2 1933. Death is said to have occurred on the date stated above, at 5:15 A.m.. The principal cause of death and related causes of importance were as follows:

<u>Hodgkins Disease</u> <u>Lymphosarcoma</u> <u>12 B</u>	Date of onset <u>11/132</u>
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Other contributory causes of importance: 50

Name of operation none Date of
What test confirmed diagnosis? Bxpy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. O. Brown, M. D.
(Address) 1325 S. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

Dr. H.O. Brown

4-17