

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

Do not use this space.

37071

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
 10 Township _____ Primary Registration District No. 4470
 5 City University City (No. 7033, Julian Ave. St. _____ Ward _____)

File No. _____

Registered No. 101

2. FULL NAME

(a) Residence, No. 7033 Julian St. Ave Ward _____

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stewart Morris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4, 1862</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>6</u>
		DAYS
		<u>29</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Home</u>
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Grand Tower ? Illinois</u>	
FATHER	13. NAME	<u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ill</u>
MOTHER	15. MAIDEN NAME	<u>Lattie Hurst</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ill</u>
17. INFORMANT (ADDRESS)	<u>Mrs. Wm. Reichenbacher 7006 Melrose</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Memorial Park</u>	DATE <u>Nov. 17, 1932</u>
19. UNDERTAKER (ADDRESS)	<u>Drehmann Funeral 1905 Union Blvd.</u>	
20. FILED	<u>Nov. 16, 1932</u>	<u>Gen. S. Magellan Registrar.</u>

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1932, to 11-14, 1932

I last saw her alive on 11/14, 1932 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset:

Other contributory causes of importance: -

Paralysis - Hypostatic Pneumonia

Name of operation None Date of _____

What test confirmed diagnosis Physical Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov, 1932

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James P. Smith, M. D.

(Address) 61259 Belmont Ave.

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.

JAN 5 1933

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

6125 Bartmer

9-11 A.M.

2-4 & 7-8 P.M.