

OCT 14 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

32314

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **1003**  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis, Mo. (d) Street No. Luthern Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Theresa Morrissey  
 (a) Residence, No. 3215 Kossouth St. 10 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Morrissey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1871

7. AGE YEARS 66 MONTHS 2 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home

9. Industry or business in which work was done, as 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) St. Louis  
(STATE OR COUNTRY) Missouri

13. NAME John Justin

14. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Matilda Jinneman

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

17. INFORMANT John J. Morrissey  
(ADDRESS) 3215 Kossouth

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Sept. 7, 1937

19. FUNERAL DIRECTOR Anderson & H. Co.  
(ADDRESS) 2207 N. Grand Blvd

20. FILED SEP 6 1937 J. B. Bredick  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, 19... to Sept. 4, 1937, 19...

I last saw her alive on Sept. 3, 1937, 19... Death is said to have occurred on the date stated above, at 12:15 m.

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

arteriosclerosis heart Date of onset 6 mo  
chronic hypoxia sp.

Other contributory causes of importance:

Sen. arteriosclerosis 7

Name of operation none Date of .....  
What test confirmed diagnosis? clinical 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) W. H. Hansen, M. D.

(Address) 3651 Grandel Ave

STATEMENT BY LICENSED EMBALMER

I, Elton R.H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Elton R.H. Remelius

Licensed Embalmer No. 3154

**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.)**