N 30 1939 W 2 205 REC'D FEB 7 1939

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

Do not use this space. 3877

1. PLACE OF DEATH
(a) County St. Louis, Registration District No. 784
(b) Township ~~Jefferson,~~ Primary Registration District No. 111 Registered No. 174
(c) City Richmond Heights (d) Street No. St. Mary's 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 Mary A. Morehouse,
(a) Residence, No. 343 Papin St., St. Webster Groves.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

96 7 2

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 Verner W. Morehouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1875

7. AGE: Years 63 | Months 2 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

FATHER
13. NAME Nicholas Wirth Dick,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Margaret Dennis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Verner W. Morehouse, 343 Papin St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Sunset Burial Park 1-30-1939

19. FUNERAL DIRECTOR (ADDRESS) MITTELBERG FUNERAL HOME, Inc. WEBSTER GROVES, MO.

20. FILED JAN 30 1939 T. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1938, to Jan. 27, 1939
I last saw h~~im~~er alive on Jan. 27, 1939. Death is said to have occurred on the date stated above, at 5:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma, right lung	1 year (?)
of the intestines	

Other contributory causes of importance: 46

Name of operation Intestinal Resection Date of Feb 1937
What test confirmed diagnosis? 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?
If so, specify
(Signed) C. J. Vollmer, M. D.
(Address) 55 N. Big Bend Rd., Webster Groves, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 14 1969

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)