

WHILE FATHER USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20598

State File No.

5442

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital NO I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Peter Morri

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1862
(Month) (Day) (Year)

8. AGE: Years About 77 Months _____ Days _____ If less than one day _____ hr. _____ min. Austria

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business _____

12. Name Morri

13. Birthplace Austria (City, town, or county) (State or foreign country)

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature David Van Farrow

(b) Address 1515 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1939 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director J. D. Prud'homme

(b) Address 2906 Gravois Ave.

19. (a) JUN 19 1939 (Date received local registrar) (b) J. D. Prud'homme (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town ST LOUIS 23
(If outside city or town limits, write "RURAL")
(d) Street No. 212 Carroll 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1939 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 12 1939 to June 18 1939 that I last saw him alive on June 18 1939 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of Stomach

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Metastases to Liver and adrenals

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William Sapsin (M. D. or other) _____

Address City Hospital NO I Date signed 6-18-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... *Geo Budde*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Geo Budde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.