DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38222

Registration District No. 791 ~~1003~~ Primary Registration District No. Registrar's No. 10061

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4473 Mc Pherson, Ave., (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 19

(d) Street No. 4473 Mc Pherson, Ave., (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EUGENIA MORRELL. 640

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dr. M. P. Morrell.

6. (c) Age of husband or wife if alive 91 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years abt 66 | Months | Days | If less than one day hr. min.

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

10. Usual occupation 9

11. Industry or business 9

FATHER
12. Name 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. M. P. Morrell

(b) Address 4473 Mc Pherson, Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-39 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) NOV 25 1939 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd year 1939 hour 4 30 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov. 12, 1939, to Nov. 23, 1939; that I last saw her alive on Nov 22, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to Chronic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. J. Kemp (M. D. or other)

Address 4503 Washington Date signed 11/25/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

Rev. 5-17-39 1 X19511

Dr. T.S.Kemp.
4803 Washington
10-11 4-5
RO-3653

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. Bradford A. Miles

Licensed Embalmer No. 2901

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.