9 - 1940
S. No. 2
-11-10-39
5-17-39
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6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1940

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8181

Primary Registration District No. 200

Registrar's No. 290

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town Riverview Garden (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 3 yrs 7 mo years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Riverview Garden (If outside city or town limits, write "RURAL")

(d) Street No. 359 Midridge Drive (If rural, give location)

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

3. (a) PRINT FULL NAME Elvina E Morris 620

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

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

6. (b) Name of husband or wife Charles Morris 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Apr (Month) 10 (Day) -1879 (Year)

8. AGE: Years 60 Months 9 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Jeffriesburg (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 6

11. Industry or business 9

FATHER
12. Name Wm Hennemann 1
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Charles Morris
(b) Address 359 Mid Ridge Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Clair Mo

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) FEB 9 - 1940 (Date received local registrar) (b) J R Meyer MD DAY (Registrar's signature) NB

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1940 hour ..... minute ..... A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1940 to Feb 9, 1940 that I last saw her alive on Feb 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — Duration 3 yrs
Chr. Interstitial Nephritis — 3 yrs

Due to 131

Due to

Other conditions Insanity Type 9 (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 J R Morris (M. D. or other) 1
Address 8209 a No Broadway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Registered Apprentice No. _____,

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

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.