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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 832

**MAILED FEB 25 1941**

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 832

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:  
2823 N. 19th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 74 yrs. 6 mos. 10 das  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 267  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 2823 N. 19th St  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Mary Morrissey

3. (b) If veteran, name war no 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 Laurence Morrissey 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased July 14, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Mahoy  
13. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Laurence Morrissey  
(b) Address 2823 N. 19th St.

17. (a) Burial (b) Date thereof Jan. 27, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Coach & Bishop  
(b) Address 2228 St. Louis Ave

19. (a) JAN 26 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24  
year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 24, 1940 to Jan. 24, 1941;  
that I last saw her alive on Jan 24, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to 93d

Due to arterial sclerosis with hypertension 2 yrs.

Other conditions (Include pregnancy within 5 months of death)

PHYSICIAN  
Major findings: Of operations [Signature]  
Of autopsy \_\_\_\_\_  
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? (a) Means of injury 0

23. Signature Ralph Thompson (M. D. or other) M. D.  
Address 2606 Grand Date signed 1/24/41

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

**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 *Charles J. Goodhart*  
Licensed Embalmer No. *2777*

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, fact should be so stated above.**