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K23159

FILED MAR 25 1941

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **1599**

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:
1544 Veronica Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community. Birth
years, months or days)

3. (a) PRINT FULL NAME. **MILLIE MORICK**

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 Charles A. Morick 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased. January 20, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 28 _____ hr. _____ min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Carl Von Hacht
13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known
15. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A Morick
(b) Address 1544 Veronica Ave

17. (a) Burial (b) Date thereof 2/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 19 1941 (b) J. W. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County SOO
(c) City or town St. Louis 178
(If outside city or town limits, write "RURAL")
(d) Street No. 1544 Veronica Ave 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 41 hour 1 minute 55A M.

21. I hereby certify that I attended the deceased from Sept
9, 1940, to Feb 17, 1941
that I last saw him alive on Feb 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma
Due to carcinoma of breast removed 5 yrs ago
Due to _____

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

Major findings:
Of operations _____

50

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? _____

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

23. Signature H. E. Warren (M. D. or other) MD
Address 4005 W. F. Larimer Date signed 2-17-41

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

MOTHER FATHER

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

Ronald Hampton

Licensed Embalmer No.

2967

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.