. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9005

State File No. 2651

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1233 Goodfellow Avenue.,
(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 000 17 9

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1233 Goodfellow Avenue.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret J. Morris

3. (b) If veteran, name war

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John S. Morris

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased April 30, 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	11	24	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel L. Henry
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sarah N. Reedes
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Viola N. Lott
(b) Address 116 E. Jefferson Kirkwood, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Tennessee

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,

19. (a) MAR 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Mch 1st, 1942, to Mch 24, 1942
that I last saw her alive on Mch 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to Infirmities of age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy none

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 Hudson Talbott (M. D. or other)
Address Metropolitan Bldg St Louis Date signed 3/24/42

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1942

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 Albert H. Kampe

Licensed Embalmer No. 1861

P. O. Address.....

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.