

FILED SEP 17 1942
Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **203**

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

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **000**

(c) City or town St. Louis **9**
(If outside city or town limits, write "RURAL")

(d) Street No. 1232 N. Kings Highway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Alice Louise Morawitz

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-07-6252

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug. 14 1942 to Aug. 23 1942 that I last saw her alive on Aug. 23 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harold C. Morawitz 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased January 5 1912
(Month) (Day) (Year)

Immediate cause of death General Peritonitis **10 days**
Duration

8. AGE: Years 30 Months 7 Days 18 If less than one day - hr. - min.

Due to Unknown

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

Due to _____

10. Usual occupation Waitress

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business Cotner's Grill, St. Louis

Major findings: Of operations None done

12. Name Anna Harwood

Of autopsy _____

13. Birthplace Hull Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Frances Smith

15. Birthplace Kendrick Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Friday

(b) Address 604 Hazel, Hannibal, Mo.

17. (a) Burial (b) Date thereof Aug. 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Baptist Church

18. (a) Signature of funeral director Ray P. Stewart

(b) Address 1000 Broadway, Hannibal, Mo.

19. Aug. 27 1942 (b) R. M. Connor
(Date received local registrar) (Registrar's signature)

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. D. Daniel (M. D. or other) _____

Address 227 a, Broadway Date signed 8-25-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Roy P. Schwartz*
Licensed Embalmer No. *1765*
P. O. Address *1502 Edway, Hamishel, Va*

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.