. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12547

ED APR 19 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3332

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: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 26 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 95

(a) St. Missouri (b) County

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

(d) Street No. 5819 Cates Avenue
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARY EVANS MORRIS

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB [redacted] (Month) 12 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	26	hr. min.

9. Birthplace Cincinnati, (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Albert Morris
13. Birthplace (City, town, or county) Whales 4 (State or foreign country)

MOTHER
14. Maiden name Celia B. Evans
15. Birthplace Wheeling, W. Virginia 1 (City, town, or county) (State or foreign country)

16. (a) Informant Irma Marks
(b) Address 5819 Cates ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Vlahalla Crem.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) APR 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1943 hour 9 minute 2 a M.

21. I hereby certify that I attended the deceased from 1928, 19, to 4/7, 1943, that I last saw her alive on 4/7/43, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolus	14 day
Due to Chronic Essential Hypertension	
Due to J-C	10 yrs
Other conditions Enlarged Heart Ch Decompensation (Include pregnancy within 3 months of death) no	

Major findings:
Of operations none

Of autopsy none

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 Chas Miller (M. D. or other)

Address 408 Humboldt Date signed 4/8/43

707

(Licensed Embalmer's Statement on Reverse Side)

Dr Chas Miller 12 to 3 PM
Humboldt Bldg

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 Jos E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.