

FILED OCT 13 1943 318

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Registrar's No. **8797**

Registration District No. _____ Primary Registration District No. _____

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:
Firmin Deslodge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks 0
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Morische, William D.

3. (b) If veteran, name war None 3. (c) Social Security No. 498-12-4420

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Jaennett Morische. 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased January 24, 1881.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 8 hr. min.

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

10. Usual occupation Watchman.

11. Industry or business

MOTHER FATHER

12. Name Diedrich Morische.

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

14. Maiden name Katherine Schulte.

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

16. (a) Informant Mrs. Amelia Diekroeger.

(b) Address 1478 Laurel Ave.

17. (a) Burial (b) Date thereof 10-5-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Ave.

19. (a) OCT 5 1943 (b) J. P. Brodeur
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1478 Laurel Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd year 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-13-43 to 10-2-43

that I last saw him alive on 10-2-43 and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Carcinoma of liver Duration 2 months

Due to Carcinoma of cardia of stomach

Due to _____

Other conditions H6
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 R. M. Muehler (M. D. or other) h.s.

Address 634 W. Grand Date signed 10/4/43

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

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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 Ben Hoffman
Licensed Embalmer No. 4566
P. O. Address St Louis, 9170

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.