

FILED JAN 4 1943 8

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 11662

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:
Jewish 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)

3. (a) PRINT FULL NAME Sarah Morris

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Nathan Morris 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 15- 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 8 _____ hr. _____ min.

9. Birthplace Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name unknown

13. Birthplace Russia 6
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Augusta Morris

(b) Address 745 Leland

17. (a) Burial (b) Date thereof 12-26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona Cam.

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) DEC 26 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 745 Leland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1943 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec. 18
1943 to Dec. 23 1943;
that I last saw him alive on Dec. 22 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Central Paralysis Apoplexy Duration 7 days

Due to Arterio sclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Leland B. Coffey (M. D. or other) _____

Address University Club Bldg Date signed 12/25/43

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 *William Hiron*.....

Licensed Embalmer No. *4319*.....

P. O. Address *5216 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.