

No. 2  
5-43  
1-17-39  
X36671

FILED JAN 20 1944

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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:  
2235a Cass 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

3. (a) PRINT FULL NAME Jennie Morris

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Edward

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

7. Birth date of deceased December 1st 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>1</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Edward Davis

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

14. Maiden name (unknown)

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

16. (a) Informant Mrs. Estelle Scannell-daughter

(b) Address 2235a Cass Avenue

17. (a) burial (b) Date thereof 1-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director: Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) JAN 9 1944 (b) J. F. Brudick  
(Date registered by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,

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

(d) Street No. 2235a Cass Avenue  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th  
year 1944 hour 1:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 1941  
\_\_\_\_\_ 19 \_\_\_\_\_ to Jan 8 19 \_\_\_\_\_

that I last saw he alive on Jan 7 44, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach, Stage 4  
with Metastasis to Liver, etc.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 J. F. Brudick (M. D. or other) \_\_\_\_\_  
Address 1875 Madison Date signed 1/8/44

Dr. Striegel  
19th & Madison  
Ce. 2063

2-3 P.M.

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 I. Mayfield*

Licensed Embalmer No. # *3077*

P.O. Address: *St. Louis, Mo.*

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.