

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
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3225 N. Florissant Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-Month
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Cora Morrow
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F. **5. Color or** W. **6. (a) Single, widowed, married,** S.O.
race divorced
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____ **years**
7. Birth date of deceased Feb. 4th., 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 14 If less than one day
hr. min.

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

10. Usual occupation Seamstress

11. Industry or business _____

MOTHER FATHER
12. Name John T. Morrow
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Esta Frances Rigi
15. Birthplace Pairs France
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane
(b) Address 3225 N. Florissant Ave.

17. (a) Burial Bellefontaine **(b) Date thereof** 11-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Orville J. Rounelly
(b) Address 3840 Lindell Blvd.

19. (a) NOV 20 1944 J. J. Bredeen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Mo.
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3225 N. Florissant Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 18th., day _____, 1944 year _____ hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from November 1, 1944 to November 18, 1944
 that I last saw her or alive on November 17, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to None

Due to None
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

Duration ??
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) No
 (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? _____

23. Signature Bernard J. Stotts **(M. D. or other)**
(Specify type of place) (a) Means of injury
Address 2302 Salomon **Date signed** 11-20-44

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Riedell

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.