

S. No. 2
DM-8-43
v. 5-17-39
X37823

18189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 4 1945

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 1049

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7348 Ethel Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7348 Ethel Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME JUEL MISSOURI MORRISON
3. (b) If veteran, name war Nil
3. (c) Social Security No. None

20. DATE OF DEATH: Month APRIL day 30
year 1945 hour 9:15 minute A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Morrison
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased November 29 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MARCH 12 1945 to APRIL 25 1945;
that I last saw h. cc alive on APRIL 25 1945;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 5 1 hr. _____ min.

Immediate cause of death arteriosclerotic heart disease
cardio-vascular disease
Due to _____
Due to _____

Duration

10 yrs.

9. Birthplace Butler County Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Friday
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sweaza
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wilma Salle
(b) Address 7348 Ethel Ave.

17. (a) Burial (b) Date thereof 5-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 2 1945 (b) E. E. H. Bauson MD
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury: _____

23. Signature FR Bradley (M. D. or other)
Address Barnes Hospital Date signed 4/30/45

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

26
8
3

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 G. Happe

Licensed Embalmer No..... 2971

P. O. Address.....

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.