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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 19 1946**  
Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. **1003**

State File No. **7752**  
Registrar's No. **1216**

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

**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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7  
(Specify whether \_\_\_\_\_)  
In this community 7  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis **96**  
(c) City or town 57  
(If outside city or town limits, write "RURAL") **NR**  
(d) Street No. 5712 Lucas Hunt Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Robert E. Morice  
**3. (b) If veteran,** No **3. (c) Social Security**  
name war \_\_\_\_\_ No \_\_\_\_\_

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married,**  
Married  
**6. (b) Name of husband or wife** Freda Morice **6. (c) Age of husband or wife if**  
alive 50 years  
**7. Birth date of deceased** March 28, 1892  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
53 10 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Operating Engineer

**11. Industry or business** Smith Brennan File Co.

**12. Name** Frank Morice

**13. Birthplace** St. Genevieve, Mo.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Emily Ripes

**15. Birthplace** St. Genevieve, Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Freda Morice

**(b) Address** 5712 Lucas Hunt Road

**17. (a) Burial** (b) Date thereof Feb. 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Memorial Park Cemetery

**18. (a) Signature of funeral director** Calvin F. Feutz Funeral

**(b) Address** 4828 Natural Bridge Blvd.

**19. (a)** (Data received local registrar) **(b)** J. F. Bredeek  
(Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month February day 3rd  
year 1946 hour 1:30 minute P M.

**21. I hereby certify that I attended the deceased from** January 30  
1946 to Feb 3 1946  
that I last saw him alive on Feb 3 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Duration 10 days

Due to Arteriosclerotic Coronary Artery Disease 9 months

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) GH

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?** \_\_\_\_\_

**23. Signature** Anne T. Hoelach (M. D. or other) 0  
Address 114 N. Taylor Date signed 2/4/46

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1142 N. 7th St.  
St. Louis Mo.  
Je 8600

**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 John A. Melina

Licensed Embalmer No. 4186

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.**