

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15035

State File No. \_\_\_\_\_

FILED MAY 2 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3746

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: City Hospital 0  
(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 St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3907 N. 22nd St. REAR  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bernard Morr  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 23  
year 1946 hour \_\_\_\_\_ minute 4.5 AM  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the \_\_\_\_\_ date and hour stated above.

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Rachael Eilers Morr  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 7 1870  
(Month) (Day) (Year)

Immediate cause of death Shock from Poisoning  
Self administered in his home  
On April 22, 1946 About 2:00  
Died 10:00 PM

8. AGE: Years Months Days If less than one day  
76 2 16 hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace St. Louks Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Horse shoer

11. Industry or business \_\_\_\_\_  
12. Name Henry Morr  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Lemke  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry G. Herbert  
(b) Address 4216a Athlone Ave.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence April 22 1946

17. (a) Burial (b) Date thereof 4/25/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary  
Stroot-Carroll

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, or industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 4600 Natural Bridge Ave.

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed 4/25/46

19. (a) APR 24 1946 J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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 *Ben E. Hoffmann*  
Licensed Embalmer No. *4366*  
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.**