

FILED MAY 27 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
1616 Semple 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)

3. (a) PRINT FULL NAME **Grace Leah Morris**

3. (b) If veteran, name war. **N11** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widow**
6. (b) Name of husband or wife **George T. Morris** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **December 25 1892**
(Month) (Day) (Year)

8. AGE: Years **53** Months **8** Days **13** If less than one day
hr. min.

9. Birthplace **Des Arc Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Fred Amsden**
13. Birthplace **Iron County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown Roberts**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Pearl Herron**
(b) Address **1616 Semple Ave.**
17. (a) **Burial** (b) Date thereof **5-11-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Des Arc, Missouri**

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

19. (a) **MAY 13 1946** (b) **J. F. Bradack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1616 Semple Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1946** hour **9** minute **32** P.M.

21. I hereby certify that I attended the deceased from **May 15** to **May 8**
that I last saw her alive on **May 8**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to **arterial Hypertension** 4 days?
arterio Sclerosis 3 yrs?
multiple Sclerosis 4 yrs?

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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).....
(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 **J. F. Bradack** (M. D. or other)
Address **508 N. Grand** Date signed **5/10/46**

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 G. Gousshi

Licensed Embalmer No.

3348

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.