

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. **18734**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4168**

1. PLACE OF DEATH:
(a) County **St. Louis Missouri**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Firmin Desloge**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
(Specify whether years, months or days)
In this community **Morrison, Margaret**
years, months or days

3. (a) PRINT FULL NAME **Morrison, Margaret**
3. (b) If veteran, name war. No. **No**
3. (c) Social Security No. **No**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Andrew Morrison** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **Don't Know**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 70 hr. min.

9. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **John Maguire**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Nihan**

15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Morrison**

(b) Address **1325 So. Grand**

17. (a) **Litchfield, Ill.** Date thereof **5 9 46**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Litchfield, Ill.**

18. (a) Signature of funeral director **John J. P. ...**

(b) Address **1519 S. Grand**

19. (a) **MAY 8 1946** (Date received local registrar)

(b) **J. Z. Brudeck** (Registrar's signature)

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. **1325 So. Grand Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **7**
year **1946** hour **2** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **Oct - 20** 1945, to **May 7** 1946;
that I last saw her alive on **May 6** 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death **Intestinal Obstruction** Duration **7 days**

Due to **Carcinoma of Intestinal Tract**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **autopsy permit refused**

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. O. Brown** (M. D. or other)

Address **1325 S. Grand** Date signed **5/7/46**

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.....

Joe J. Keller
2850

Licensed Embalmer No.....

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.