S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1946

State File No. 21330

Registration District No. 517 Primary Registration District No. 3069 Registrar's No. 1325

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: St. Marys Hospital (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 Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4952 Aldine Pl. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Kittie Morris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph Morris

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. (Month) 2 (Day) 1884 (Year)

8. AGE: Years 62 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Wyatt (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Vowels
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant Joseph Morris

(b) Address 4952 Aldine Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 6-21-46 (Date received local registrar) (b) E.G. McGovern M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1946 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 4-15- 1946 to 6-18 1946 that I last saw her alive on 6-18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ac. cardio-renal disease c̄ — Duration 30 days

Due to ausarta myocarditis

Due to Ch. nephritis 131

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.

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature J. A. Sterling (M. D. ~~or other~~) MD

Address Maplewood Mo. Date signed 6-20-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. John A. Sterling, (Hi. 4885)
7266 Manchester Ave.,

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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 Albert A. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.