

FILED JUL 26 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6292**

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:
3147 1/2 Evans ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs
years, months or days

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. 3147 1/2 Evans ave _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMILY MORRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race col. 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 1st 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15
year 1946 hour 12 minute 00 M.
21. I hereby certify that I attended the deceased from June 15, 1946 to July 15, 1946
that I last saw her alive on July 13, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 14 If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic atrophic myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Jackson Miss
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER
12. Name Curdon Morris
13. Birthplace Miss (City, town, or county) (State or foreign country)
14. Maiden name Louise
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Ben Beclardson

(b) Address 3147 1/2 Evans ave

17. (a) Burial (b) Date thereof 7-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Brebeck

(b) Address 3133 Bell ave

19. (a) JUL 16 1946 (b) J. F. Brebeck
(Date of local filing) (Registrar's signature)

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) (e) Means of injury _____
23. Signature Paul V. Vinyard (M. D. or other)
Address 3718 A Olive St Date signed 7-15-46

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

25546

2013 10 11

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..... *J J Watson*

Licensed Embalmer No. *269 A*

P. O. Address..... *2769 Chouteau*

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.