

3. No. 2
-12-45
5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36097

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10103**

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:
DePaul 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

3. (a) PRINT FULL NAME **Margaret Morrissey.**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Alexander Morrissey** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 9, 1865.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 **2** **24** hr. min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Martin Shelly**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Farrell**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clarence Slenker**

(b) Address **1202 Belrue Ave.,**

17. (a) **Burial** (b) Date thereof **Nov. 5/47.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Jos. W. Clark,**

(b) Address **1125 Hodiament Ave.,**

19. (a) **NOV 3 1947** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Wellston**
(If outside city or town limits, write "RURAL")
(d) Street No. **1202 Belrue Ave.,**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **2**
year **1947** hour **6.45** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **10-30**, 19**47**, to **11-2**, 19**47**
that I last saw her alive on **11-2**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** Duration **3 days**

Due to **adhesions post operation** Duration **25 yrs**
Peritonitis

Due to **subacute process** Duration **2**
Small - Arterio sclerosis

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **No special**
Of operations _____
Of autopsy **no**

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 **Reumer Hain** (M. D. or other) _____
Address **1117 n Grant** Date signed **11/3/47**

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

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7
9

Dr. Emmett Kane,
1117 N. Grand Blvd.,
JE. 7141. 2-14

will

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 *Alfred J. Prudek*
Licensed Embalmer No. 2663

P. O. Address. 1125 Hodiament Ave.,

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.