

FILED JAN 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11725**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3934 Green 9
10 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Julia Morrell

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Morrell 6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased August 29 1979
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 23 If less than one day 0 hr. 0 min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Margan O'Brien

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

14. Maiden name Ellen Hogan

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

16. (a) Informant Mr. Leo Morrell

(b) Address 3929 Labadie

17. (a) burial (b) Date thereof Dec 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathary

18. (a) Signature of funeral director Joseph A. Howard

(b) Address 1619 S. Alton

19. (a) DEC 24 1947 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 22 P
year 1947, hour 10, minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 17 1947 to Dec 22 1947
that I last saw him alive on Dec 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to Carcinoma

Due to S. I. tract

Other conditions (include appearance within 8 months of death) Prunty - Liver

Major findings: Of operations H&A

Of autopsy H&A

Duration 1 year
1946
PHYSICIAN
Underline the cause of 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 J. F. Budeck (M. D. or other)
Address 4118 W. Flour Date signed 12/29/47

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

MOTHER FATHER

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 A. Howard

Licensed Embalmer No.

4139

P. O. Address

1619 S. Grand B.

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.