

No. 300
-10-47
-17-39
-I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
#21325
FILED FEB 20 1948
318

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 6792
Registrar's No. 1172

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Mo.
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution
In this community..... 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 812 1/2 W. Euclid
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... ETHEL MORRIS
3. (b) If veteran, name war..... None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3rd
year 1948 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from 11/27/48
to Feb. 3rd 1948
that I last saw her alive on Feb. 3rd 1948
and that death occurred on the date and hour stated above.

4. Sex..... Female
5. Color or race..... W.
6. (a) Single, widowed, married, divorced..... Divorced
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Dec - 4 - 1890
(Month) (Day) (Year)

Immediate cause of death..... pleurisy, anemia
Dilatation

8. AGE: Years 57 Months 1 Days 29
If less than one day hr. min.

Due to.....
Due to.....
Other conditions..... Decubiti of sacrum
(Include pregnancy within 3 months of death)

9. Birthplace..... Minnesota
(City, town, or county) (State or foreign country)
10. Usual occupation..... Housework

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name..... E. Morris
13. Birthplace..... Ohio
(City, town, or county) (State or foreign country)
14. Maiden name..... Leggett Shadle
15. Birthplace..... Ill.
(City, town or county) (State or foreign country)

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?

16. (a) Informant..... Mrs. Nellie Spantella
(b) Address..... 1214 1/2 Chambers
17. (a) Burial (b) Date thereof..... 2-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Valhalla Cemetery

23. Signature..... Frank J. Martin
Address..... 1515 Lafayette
Date signed..... 2/23/48
While at work? (Specify type of place) () Means of injury ()

18. (a) Signature of funeral director.....
(b) Address..... 2223 St. Louis Ave
19. (a) FEB 4 - 1948 (b) I. H. H. H.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address. *2223 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.