

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21555

FILED JUL 14 1948

Registration District No. 26

Primary Registration District No. 3066

Registrar's No. 1540

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town KIRKWOOD Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST AGNES HOME 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 YEARS
(Specify whether
In this community 13 YEARS
years, months or days)

3. (a) PRINT FULL NAME MARY MORLEY
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN MORLEY 6. (c) Age of husband or wife if alive DECEASED
7. Birth date of deceased OCT 3 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 15 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN DOOLEY
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Cornelia Sister
(b) Address 10341 Manchester Rd
17. (a) BURIAL (b) Date thereof JUNE 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM
18. (a) Signature of funeral director Walter Doikegan
(b) Address 6536 Cleggton Rd
19. (a) 6-21-48 (b) Paul O'Donoghue M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS 96
(c) City or town KIRKWOOD Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 10341 MANCHESTER RD - 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1948 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 12 1946 to June 18 1948
that I last saw her alive on June 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic (arteriosclerosis) 10 yrs
Due to arteriosclerosis general + cerebral 15 yrs
Due to 930
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? _____

While at work? (Specify type of place) _____
Means of injury _____
23. Signature Ch. Buckelmann M.D. (M. D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 6/20/48

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 Henry A. Brammer

Licensed Embalmer No. 4700

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.