No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24551

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6104

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 3946a Lindell Blvd. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3946a Lindell Blvd. 0
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Rose Morrissey

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F. /

5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife James A. Morrissey

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 9 (Month) – 8 (Day) – 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	0	....hr. ....min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Friel
13. Birthplace Ireland (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Cecelia O'Connor
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Miss Cecelia Friel
(b) Address 3946a Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th., year 1948 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan 30, 1948, to July 8, 1948, that I last saw her alive on June 28, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy.	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H. F. Bergman (M. D. or other) M.D.

Address 3720 Washington Date signed 7/9/48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

3720 Washington Blvd.