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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 28045
Registrar's No. 7220

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

**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: 1215 North Grand Blv'd
(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 Missouri (b) County 17

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

(d) Street No. 1215 North Grand Blv'd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH MORRIS

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 widow 2

6. (b) Name of husband or wife Charles Morris

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

7. Birth date of deceased September (Month) 27 (Day) 1875 (Year)

8. AGE: Years 72 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business none

FATHER
12. Name Charles Oehler
13. Birthplace (City, town, or county) not known (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant William Morris
(b) Address 8733 Natural Bridge

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug- 20- 48 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Cemetery

18. (a) Signature of funeral director A. Kron L & U. Co
(b) Address 2707 N. Grand Blv'd

19. AUG 17 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 8 day 16 year 1948 hour 10.30 minute pm M.

21. I hereby certify that I attended the deceased from Nov. 29, 1947 to 8/16-48, 19 that I last saw her alive on 8-15-48, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of gall bladder & viscera

Due to Began with Hepatic attacks - said to be Gall Stones.

Due to

Other conditions (Include pregnancy within 3 months of death) Primary in gall bladder

Major findings:
Of operations
Of autopsy 467

Duration

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 Barker (M. D. or other)
Address 1504 S. Jefferson Date signed 8/16 48
4 St Louis

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. Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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

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