No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1948

Registration District No. 997

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28427

Primary Registration District No. 2002

Registrar's No. 1973

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
residence 7170 Washington Blv'd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7170 Washington Blv'd.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MILLIE LOUISE MORLEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Charles Dempster Morley

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July (Month) 16 (Day) 1871 (Year)

8. AGE: Years 77 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Henry L. Verdier
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Ellen Rock
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles D. Morley
(b) Address 7170 Washington Blv'd., U. City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., U. City

19. (a) 8-23-48 (Date received local registrar) (b) Cecil A. Sharp, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd year 1948 hour 4:06 minute A. M.

21. I hereby certify that I attended the deceased from August 21, 1948, to Death, 19__; that I last saw h. alive on August 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Portal & Vena Cava obstruction	2-5 days
Due to: metastatic carcinoma	months
Due to: Primary carcinoma of left breast	months
Other conditions (Include pregnancy within 3 months of death): 50	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert Wilson (M. D. or other) M.D.
Address 4952 Maryland Date signed 8-23-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Keith Wilson
4952 Maryland Avenue
RO-2910

OCT 22 1948

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.