

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25475**

FILED AUG 2 1949

BIRTH NO. _____		REG. DIST. NO. <b>917</b>		PRIMARY REG. DIST. NO. <b>3063</b>		Registrar's No. <b>1775</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (If in this place) <b>2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Nebber Grove 19 Mo</b>		7			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Co Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>476 Atalanta Ave</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Verner</b>		b. (Middle) <b>Nesley</b>		c. (Last) <b>Morhouse</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-25-49</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>8-1-1875</b>			
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman Ret</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Machinery</b>		11. BIRTHPLACE (State or foreign country) <b>Oliver Green Ohio</b>			
11. BIRTHPLACE (State or foreign country) <b>Oliver Green Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Daniel Webster Morhouse</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Kearley</b>			
14. NAME OF HUSBAND OR WIFE <b>Mary A Dick Morhouse</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Medicine M Singleton 476 Atalanta</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with cardiac failure</b> DUE TO (c) <b>pulmonary edema + shock</b>  II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>4:20</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>11470</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>15592</b>					
22. I hereby certify that I attended the deceased from <b>7-25, 1949</b> to <b>7-25, 1949</b> , that I last saw the deceased alive on <b>7-25, 1949</b> , and that death occurred at <b>6:15 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Albert Schie, M.D.</b>				23b. ADDRESS <b>601 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>7-26-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-29-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sevier Beaul Park</b>		24d. LOCATION (City, town, or county) (State) <b>Alton, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>7-26-49</b>		REGISTRAR'S SIGNATURE <b>Herbert D. Morhouse</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert D. Morhouse</b>		ADDRESS <b>Nebber Grove 19 Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert G. Kopp.....

Licensed Embalmer No. 2971.....

P. O. Address 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.