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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39632

State File No. 04490

FILED DEC 6 1949

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>2002</u>	Registrar's No. <u>04490</u>
1. PLACE OF DEATH-- a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>St. Louis,</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>University City 5,</u> )		c. LENGTH OF STAY (in this place) <u>YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res: 7375 Delmar Blv'd.,</u>		d. STREET ADDRESS (If rural, give location) <u>#7375 Delmar Blv'd.,</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u>		b. (Middle) <u>MORRISSEY</u>	c. (Last) <u>HOTZ.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22, 1949.</u>
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>July 8, 1897.</u>	9. AGE (In years less birthday) <u>52.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home..</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>.....</u>	11. BIRTHPLACE (State or foreign country) <u>Barnesboro, Pennsylvania.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Patrick Morrissey.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wesner.</u>	14. NAME OF HUSBAND OR WIFE <u>Chester H. Hotz.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chester H. Hotz, 7375 Delmar Blv'd.,</u>	
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) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteomyelitis</u> DUE TO (c) <u>Arthritis deformans</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>723.1</u>		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)		
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?		
22. I hereby certify that I attended the deceased from <u>June 1, 1949,</u> to <u>Nov 22, 1949,</u> that I last saw the deceased alive on <u>Nov 22, 1949,</u> and that death occurred at <u>9 P. m.,</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>Arch Turner</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1251 Blackstone</u>	23c. DATE SIGNED <u>11-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>	24b. DATE <u>11/24/49.</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Barnesboro, Pennsylvania.</u>	
DATE REC'D BY LOCAL REG. <u>11-23-49</u>	REGISTRAR'S SIGNATURE <u>Herbert S. Palumbo, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</u>		

(Licensed Embalmers Licensed on Reverse Side)

JAN 12 1950

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 Clarence K. 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.