

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35155

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8626

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 35 Yrs				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis									
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 3940 Oregon Ave.													
3. NAME OF DECEASED (Type or Print)			a. (First) Ida			b. (Middle) Louise			c. (Last) Morley			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1950					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 9, 1891		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY -				11. BIRTHPLACE (State or foreign country) Worden, Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Fred Moeller				13b. MOTHER'S MAIDEN NAME Schumacher				14. NAME OF HUSBAND OR WIFE John T. Morley									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. -				17. INFORMANT'S SIGNATURE OR NAME John T. Morley, 3940 Oregon Ave.				ADDRESS					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of the stomach</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <i>Insipissable Carcinoma metastases to colon &amp; liver</i>								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)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <i>151X</i>									
22. I hereby certify that I attended the deceased from <i>Oct 1, 1949</i> , to <i>Oct 12, 1950</i> , that I last saw the deceased alive on <i>10/12, 1950</i> , and that death occurred at <i>8:55 A. M.</i> , from the causes and on the date stated above.																	
23a. SIGNATURE <i>E. W. Davis MD</i>						23b. ADDRESS <i>3805 So Broadway St. St. Louis</i>						23c. DATE SIGNED <i>10/12/50</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Oct. 14, 1950				24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
DATE REC'D BY LOCAL REG. OCT 13 1950				REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.				ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

USE PREVIOUS EDITIONS OF THIS FORM. USING OVEALING BLACK INK—MAKE A PERMANENT RECORD

Dr. Edgar W. Davis  
3805a South Broadway

1:00 - 5:00

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *Max L. Wray*

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis

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

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