

STANDARD CERTIFICATE OF DEATH

State File No. **126773**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY 0 | | 2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co., | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | c. LENGTH OF STAY (in this place) TOWNSHIP | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4160 Hillsdale | d. STREET ADDRESS (If rural, give location) 2152 Erick Ave., |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) FRIDA b. (Middle) J. c. (Last) MORRISON. | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1950. | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 28, 1876 | | 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. | | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? 4 | |
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|---------------------------------------------|--|------------------------------------------|--|-----------------------------------------------------|--|
| 13a. FATHER'S NAME Herman Fuhlendorf | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE William Morrison | |
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| 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. 497-18-9583-B | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Morrison 2152 Erick Ave., | | | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES DUE TO (b) Perforated Appendicitis DUE TO (c) Appendicitis | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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? 5501 | |

22. I hereby certify that I attended the deceased from **Nov 5, 1950** to **Nov 12, 1950** that I last saw the deceased alive on _____, 19____, and that death occurred at **3:30 P.M.** from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Jos. W. Clark | | 23b. ADDRESS 10122 Rose Bluff | | 23c. DATE SIGNED 11-13-50 | |
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| 24a. BURIAL / CREMATION / REMOVAL (Specify) Burial | 24b. DATE Nov. 16, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | |
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| DATE REC'D BY LOCAL REG. Nov 16 1950 | REGISTRAR'S SIGNATURE J. B. Sasser | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave., | | |
|---------------------------------------------|-------------------------------------------|--|------------------------------------------------------------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. Roy Compton

6122a Page

Cabany 1010

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

Alfred J. Boedecker

Signed.....
Student Embalmer

Licensed Embalmer No. 2563²

P. O. Address 1125 Hodiament Ave.

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.