

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6645**  
Registrar's No. **1181**

FILED FEB 27 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
		d. STREET ADDRESS (If rural, give location) <b>4 4934 Wise Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FLORENCE</b> b. (Middle) c. (Last) <b>MORATH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>AUG. 28, 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk (Retired) Kenrick Square Market</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>54</b>
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Charles Reis</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Meyer</b>	
14. NAME OF HUSBAND OR WIFE <b>Late William Morath</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.		17. INFORMANT'S SIGNATURE OR NAME <b>Ella Ruppert</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, ashenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <b>1427a Hamilton Ave.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo.</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of Colon</b>		DUE TO (b) <b>14 mo.</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 <b>10/2/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Advanced Carcinomatosis</b>	
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? <b>152X</b>			
22. I hereby certify that I attended the deceased from <b>Oct 18, 1950</b> , to <b>Feb 5, 1952</b> , that I last saw the deceased alive on <b>FEB. 5, 1952</b> , and that death occurred at <b>3:00A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Ernest F. Hauden</b>		23b. ADDRESS <b>634 N. Grand</b>	
23c. DATE SIGNED <b>2/5/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 7, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 6 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
		ADDRESS <b>4228 S. Kingshighway Bl.</b>	

m 23 (Licensed Embalmer's Statement on Reverse Side)

**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 *Edwin A. M. Demmitt* .....

Licensed Embalmer No. *3024* .....

P. O. Address .....

**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.