

FILED DEC 10 1953

## STANDARD CERTIFICATE OF DEATH

State File No. **40919**  
Registrar's No. **11466**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>2079</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DE PAUL Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>7 6171 Kuehnle Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mikkie</b> b. (Middle) <b>R.</b> c. (Last) <b>MORISCHÉ</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-2-53</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>3-6-1878</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST Louis, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>FRANK ROSE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HINDERS</b>		14. NAME OF HUSBAND OR WIFE <b>John H. MORISCHÉ</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>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John H. MORISCHÉ</b> ADDRESS <b>6171 Kuehnle</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Colon</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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. <b>Atherosclerosis</b>					
19a. DATE OF OPERATION <b>9-27-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Transverse Colon</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>		<b>153X</b>		
22. I hereby certify that I attended the deceased from <b>June</b> , 1948 to <b>12-2</b> , 1953, that I last saw the deceased alive on <b>12-2</b> , 1953, and that death occurred at <b>3 P. M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>M. Stachle</b>			23b. ADDRESS <b>7124 Natural Bridge</b>		23c. DATE SIGNED <b>12-14-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-5-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ZION</b>		24d. LOCATION (City, town, or county) (State) <b>ST Louis MO</b>		
DATE REC'D BY LOCAL REG. <b>DEC 4 1953</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John L. Co</b>		ADDRESS <b>2707 N. Grace</b>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1954

MAR 4 1954

**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 Mayfield*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*3071  
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.