.S. No. 300
ev. 10.48

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41608

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2945

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

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pine Lawn
c. LENGTH OF STAY (In this place): 2 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shamrock Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Box 274 Florissant, Mo.
d. STREET ADDRESS (If rural, give location): Box 274

3. NAME OF DECEASED (Type or Print)
a. (First): Lena
b. (Middle):
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 12, 1880
9. AGE (In years last birthday): 73 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Verden, Illinois
12. CITIZEN OF WHAT COUNTRY?: Am.

13a. FATHER'S NAME: Jesse Goodpasture
13b. MOTHER'S MAIDEN NAME: Mathilda Poterfield
14. NAME OF HUSBAND OR WIFE: Eugene Morris Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Ubknown
17. INFORMANT'S SIGNATURE OR NAME: Frank Ortmann
ADDRESS: 2827 Pershing Ave Granite City, Ill.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral metastasis — INTERVAL BETWEEN ONSET AND DEATH: 7 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma left breast — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Left hemiplegia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 170X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1953, *to* Nov 14, 1953, *that I last saw the deceased alive on* Nov 10, 1953, *and that death occurred at* 7 A.M. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lewis Littmann (Degree or title): MD
23b. ADDRESS: 8231 Clayton Rd (17)
23c. DATE SIGNED: 11/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo

DATE REC'D BY LOCAL REG.: 11/14/53
REGISTRAR'S SIGNATURE: Herbert B. Stoke
25. FUNERAL DIRECTOR'S SIGNATURE: Fred C. Henke
ADDRESS: 4911 Washington Blvd.
(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 Robert M. Murray

Licensed Embalmer No. 3749

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.