

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39482

Do not use this space.

10469

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **ST LOUIS** (d) Street No. **DE PAUL HOSPITAL** Registered No. **10469**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LORA JEFFERIS MORRIS
(a) Residence, No. **5745 ENRIGHT AVE** St. **5**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **MARRIED**
(with the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John D. MORRIS**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOV 15, 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 - 11 - 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **AT HOME**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILL.**

FATHER 13. NAME **W. B. JEFFERIS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **OHIO**

MOTHER 15. MAIDEN NAME **MARGARET ONSTOTT**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILL.**

17. INFORMANT (ADDRESS) **MR BRENT MORRIS**
5745 ENRIGHT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE **XENIA ILL.** DATE **NOV 13, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **LAWRENCE MULLEN**
5115 DELMAR BLVD.

20. FILED **NOV 11 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 10, 1937**

22. I HEREBY CERTIFY That I attended deceased from **1935** 19 to **Nov 10** 19**37**

I last saw her alive on **Nov 10, 1937**. Death is said to have occurred on the date stated above, at **3:50 AM**.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset
Oct 27

Other contributory causes of importance:

hypertension

5 years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **Dr. J. Bredeck**, M. D.

(Address) **5437 Delmar**

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

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.)