

REC'D SEP 12 1938

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

27066
Do not use this space.
791
1003
7080

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. St. Lukes Hospital St.
(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. da.

2. PRINT FULL NAME Mrs. Ethel Morrison *625*

(a) Residence, No. 4924 Chippewa St. St. 14
(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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Richard G. Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
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) Armington,
(STATE OR COUNTRY) Illinois

13. NAME John A. Conaway

14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Carr

16. BIRTHPLACE (CITY OR TOWN) Armington,
(STATE OR COUNTRY) Illinois

17. INFORMANT Richard G. Morrison
(ADDRESS) 4924 Chippewa

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Aug. 12, 1938

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED AUG 10 1938 J. B. Bulech
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938, to Aug 8, 1938
I last saw him alive on Aug 8, 1938 Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

Ruptured appendix
strangulated small
bowel
Date of onset Aug 5/38

Other contributory causes of importance: myocarditis
peritonitis

Name of operation Abdominal Date of Aug 5/38
What test confirmed diagnosis? Phys. Exg. Was there an autopsy?

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? Yes
If so, specify _____
(Signed) J. B. Bulech, M. D.
(Address) 4903 Delmar Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

in Homan
12 noon Rosses
Hatz

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____
R. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 W. Forest

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, above space should be left blank.