

JUN 5 - 1939

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

23306
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County | Registration District No. 784
 (b) Township Waverly | Primary Registration District No. 500 | Registered No. 1017
 (c) City Weston | (d) Street No. 6145 Plymouth Ave. | 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. ds.

2. PRINT FULL NAME Mary A. Morley

(a) Residence, No. 6145 Plymouth Ave. | St. | (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 James Morley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	79	6	25	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

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) New York

FATHER

13. NAME Martin Bulger

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

MOTHER

15. MAIDEN NAME Catherine Powers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) James Morley
6145 Plymouth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Ceme. | **DATE** June 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jos. L. Clark
1125 Hodiamont Ave

20. FILED JUN 5 - 1939 | G.R. Meyer M.D. P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939 | 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10 to June 5, 1939

I last saw her alive on May 24, 1939 | Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Date of onset

Other contributory causes of importance:

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) Arthur White, M. D.
 (Address) 1194 Hodiamont Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

WHILE EMBALMING, WITH CARE AND PRECISION THIS IS A PERMANENT RECORD

I X18605

JUN 10 1942

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.....
..... Jos. W. Clark, Registered Apprentice No. 1661,
working under my personal supervision.

Signed..... Jos. W. Clark,
Licensed Embalmer No. 1661,
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, above space should be left blank.