

FILED MAR 12 1940

791

Registration District No. Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County 2
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5060 ENRIGHT AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 47 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5060 ENRIGHT
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 40 hour 6:15 minute 7 M.
21. I hereby certify that I attended the deceased from Feb
21, 1940, to 2-22, 1940

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart Failure

Due to 930
Due to _____

Other conditions
(Include pregnancy within 3 months of death)
Pneumonia, Asthma
Myocarditis, Arteriosclerosis
Major findings: Chronic
Of operations _____

Duration
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(2) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address 5859 Alton Date signed 2/23/40

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

8. (a) PRINT FULL NAME ADA MORRISON

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JAMES D. MORRISON 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 1 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business HOME

12. Name JAMES WEAVER

13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name MARK JANE VEGELS

15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Irwin
(b) Address 5060 Enright

17. (a) BURIAL (b) Date thereof 2-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director [Signature]
(b) Address 1416 N. Taylor and

19. (a) FEB 23 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 _____

James A. Lammer, Registered Apprentice No. 188
working under my personal supervision.

Signed John Fitzgerald

Licensed Embalmer No. 131

P. O. Address St. Louis

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.