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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33196
Registrar's No. 1736

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town W. Walnut Manor, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5407 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Morris
3. (b) If veteran, name war _____ 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 Jackson Morris 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 23, 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business i

12. Name George Hartridge

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

14. Maiden name Hester Jackson

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

16. (a) Informant Lillian McDaniels
(b) Address 5407 College

17. (a) Burial (b) Date thereof 9/11/10
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Arc, Mo.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4231 Manchester

19. (a) SEP 12 1940 (b) [Signature]
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town W. Walnut Manor
(If outside city or town limits, write "RURAL")
(d) Street No. 5407 College
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1940 hour 9.10 A.M. Minut. _____ M.

21. I hereby certify that I attended the deceased from Feb 17
_____, 1940 to 9-7, 1940
that I last saw him ~~alive~~ alive on _____, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Myocarditis Duration 1 yr

Due to Hypertension, Vascular Disease about 3 yrs

Due to _____
Other conditions 93C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 time of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 3126 N Grand Date signed 9-12-40

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

MOTHER FATHER

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..... *Henry Eynck*.....
Licensed Embalmer No..... *1284*.....
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.