No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41042

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10813

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4063 Flad Av. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4063 Flad Av. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Betsie S. Morrison

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Marcus J. Morrison

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 18 (Day) 1853 (Year)

8. AGE: Years 87 Months 4 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At home 0

11. Industry or business 1

FATHER
12. Name Thomas G. Day. 6
13. Birthplace Lynchburg (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Eliza Charavelle
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Verna G. Muckel

(b) Address 4063 Flad Av.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-30-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros. L & N Co.

(b) Address 2929 S Jefferson Av.

19. (a) DEC 30 1940 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1940 hour 6 minute 35 p. M.

21. I hereby certify that I attended the deceased from 12 - 13, 1940 to 12 - 28, 1940 that I last saw her alive on 12 - 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	years
Coronary Arteries Occlusion	10 days
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward Bennett (M. D. or other) Mo

Address 1504 So Grand Date signed 12-29-40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2107

P. O. Address 2929 S. Jefferson

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.