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No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9271

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2681

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11

(c) City or town St. Louis 600
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 Montgomery 11
(If rural, give location) 9

(e) Citizen of foreign country? x (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Morse

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife Single

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

7. Birth date of deceased January 10, 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	2	13	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name Unknown
13. Birthplace 9 Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address 1515 Lafayette Avenue City Hospital #1.

17. (a) BURIAL (b) Date thereof 3-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave.

19. (a) MAR 25 1941 (b) J. H. Brecheck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23,
year 1941 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from March 18, 1941 to March 23, 1941
that I last saw him alive on March 23, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestion and edema of lungs	
Due to: Carcinoma of Parotid gland with metastases to cervical lymph nodes	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 55
Of autopsy As above

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) 0
(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 0

23. Signature Wilson G. Brown (M. D. or other) M.D.
Address 1515 Lafayette Ave., Date signed 3/24/41

(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~~ Raymond E. Gehrke, Registered Apprentice No. ~~E~~ working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.