

EXPIRED DEC 9 1941

Registration District No. 784

Primary Registration District No. 10

Registrar's No. 2427

1. PLACE OF DEATH:

(c) County St. Louis
(b) City or town Clayton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp. D
(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

3. (a) PRINT FULL NAME Mary Catherine 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, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased August 16 1926
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>3</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Schoolgirl

11. Industry or business _____

12. Name John W. Morris

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

14. Maiden name Estelle B. Kiely

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

16. (a) Informant Estelle B. Morris

(b) Address 4252a St. Louis Ave.

17. (a) Burial (b) Date thereof 12-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

18. (a) Signature of funeral director _____
(b) Address 1710 N. Grand Ave.

19. (a) DEC 1 1941 (b) J. S. McSweeney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4252a St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1941 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

Immediate cause of death: While riding as a passenger in an automobile that left the highway and overturned & struck a pole Duration _____
Due to _____

Due to Rupture of spleen and liver; Hemoperitoneum; Frac. of r. tibia & fibula
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov. 30, 1941
(c) Where did injury occur? Lemay Township 96
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Louis H. Boylston (M. D. or other) _____
Address Kirkwood, Mo. Date signed 12/1/41

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

MOTHER FATHER

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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 *Fred Frick*.....

Licensed Embalmer No. 3186.....

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.