

FILED JUL 13 1942 791

Registration District No. ....

Primary-Registration District No. **1003**

Registrar's No. **5639**

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:  
City Infirmary 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 27 years  
(Specify whether years, months or days)  
 In this community. 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006  
 (c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5800 Arsenal 9/13  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country. 0

3. (a) PRINT FULL NAME Elizabeth Morrison

3. (b) If veteran, name war..... 3. (c) Social Security No. -

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife. unknown  
 6. (c) Age of husband or wife if alive. unknown years  
 7. Birth date of deceased. June 24, 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 0 5 hr. min.

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

10. Usual occupation housework

11. Industry or business none

MOTHER FATHER { 12. Name William Craig  
 13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha  
 15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer  
 (b) Address 5800 Arsenal, St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1942  
(Month) (Day) (Year)  
 (c) Place: burial or cremation SS. P.&P. Cemetery

18. (a) Signature of funeral director Hubert - Ben Montmarry  
 (b) Address JUL 1 1942 2842 Maramec St.,

19. (a) J. F. Brudick (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
 year 1942 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 15, 1942, to June 29, 1942;  
 that I last saw her alive on June 29, 1942;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver with regional metastases

Duration

Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations above  
 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).....  
 (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)  
 (e) Means of injury.....

Signature Loew Blaney (M. D. or other) MD  
 Address 5600 Arsenal Date signed 6-30-42

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

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17  
9

**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.....

*Joe S. Benz*  
.....  
Licensed Embalmer No..... *4249*

P. O. Address.....

**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.**