

FILED SEP 17 1943

Registration District No. **1318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis Missouri**

(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 Sanitarium**
(If not in hospital or institution, write street number or location) **0**

(d) Length of stay: In hospital or institution **14yr. 6mo. 9ds.**
In this community **68 yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edith Morrissey**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Edw. Morrissey**

6. (c) Age of husband or wife if alive **76.66** years

7. Birth date of deceased **Jan. 26, 1875**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	8	hr. min.

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

10. Usual occupation **House-wife**

11. Industry or business

MOTHER FATHER

12. Name **Louis Granneman**

13. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hofferkamp**

15. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma Singler**

(b) Address **5400 Arsenal**

17. (a) **Burial** (b) Date thereof **9-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cem**

18. (a) Signature of funeral director **Wm. J. Bradeed**

(b) Address **4228 Longview**

19. (a) **SEP 6 1943** (b) **Wm. J. Bradeed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County **040**

(c) City or town **St. Louis Missouri**
(If outside city or town limits, write "RURAL") **179**

(d) Street No. **4565 a Gibson Ave**
(If rural, give location) **18**

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

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4,**
year **1943** hour **10.30** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 1, 1938**, 19 to **Sept. 4, 1943**, 19;
that I last saw her alive on **Sept. 4, 1943**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** **4 ds**
Duration

Due to **Generalized Arteriosclerosis**

Due to **83**

Other conditions **83**
(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) (e) Means of injury

4. Signature **Wm. J. Bradeed** (M. D. or other)

Address **5200 Arsenal** Date signed **9/4/43**

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

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 *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

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.