

S. No. 2  
MOM-2-43  
5-17-39  
X3589

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5523

State File No. ....

FILED MAR 1 1944

318

Primary Registration District No. 1003

Registrar's No. 1721

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:  
5734 Vernon Ave.  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 5734 Vernon Ave.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Ella Dora Morris

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Harry Morris

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

7. Birth date of deceased Jan. 3rd. 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>16</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Andrew Anderson

13. Birthplace Vernon, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ashbrook

15. Birthplace Kv.  
(City, town, or county) (State or foreign country)

16. (a) Informant Guy L. Morris

(b) Address 5734 Vernon Ave.

17. (a) Burial (b) Date thereof 2-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Ill.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Bl.

19. (a) FEB 21 1944 (b) J. F. Breda  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th.  
year 1944 hour 3.00 minute P. M.

21. I hereby certify that I attended the deceased from Feb 17, 1944 to Feb 19, 1944  
that I last saw h. Er alive on Feb 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Myocarditis, Chronic 1 yr

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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) (Means of injury)

23. Signature Paul S. Hopp (M. D. or other) M.D.  
Address 1500 Olive Date signed 2/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

844

**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 Robert L. Brinkman  
Licensed Embalmer No. 3553  
P. O. Address 3710 N Grand

**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.**