

**FILED MAR 20 1944**

Primary Registration District No. \_\_\_\_\_

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

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: LUTHERAN HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 009  
17

(c) City or town ST. LOUIS 717  
(If outside city or town limits, write "RURAL")

(d) Street No. 2612 So. GRAND  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME ADDIE LA RETTA MORRISON

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 CARL R. MORRISON

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 3rd 21 1903  
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name JOHN BREWER

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

14. Maiden name HATTIE ROGERS

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

16. (a) Informant W. B. Bradley

(b) Address Clabery Mo.

17. (a) Quincy Ill. (b) Date thereof 3-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Illinois

18. (a) Signature of funeral director W. B. Bradley

(b) Address Clabery Mo.

19. (a) MAR 9 1944 (Date received local registrar)

J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 7  
year 1944 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from 1 wk.  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw her alive on 3/7/44 \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Effusive Pericarditis Acute Myocardial Failure 1 wk  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Carcinoma of Cervix 2yrs  
(Include pregnancy within 3 months of death)

Major findings: Lymph metastasis Physician  
Of operations: Had had x Ray  
therapy by Radium  
Of autopsy: As Above  
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) \_\_\_\_\_  
\_\_\_\_\_ (Means of injury)

23. Signature Walter H. Hoffman (M. D. or Other)

Address 2602 S. Grand Date signed 3/8

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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 Howard F Rowland

Licensed Embalmer No. 3114

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.**