

I X32873

FILED JAN 10 1945  
3/19

Primary Registration District No. 4469

Registrar's No. 67

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 1  
In this community WIFE  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME OLIVE MORICE

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 MARRIED

6. (b) Name of husband or wife JOSEPH MORICE 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased SEPT 13 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 2 3 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name OCTAVE LA ROSE

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

14. Maiden name OCTAVIA LA ROSE

15. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Morice  
(b) Address St. Severine Ave

17. (a) Burial (b) Date thereof Dec 19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Severine Ave

18. (a) Signature of funeral director Geo. C. Basher

(b) Address St. Severine Ave

19. (a) Dec 17/44 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 16  
year 1944 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 28  
1944 to Dec 16 1944  
that I last saw her alive on Dec 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation  
Due to Sirchosis of liver

Duration  
1 day  
10 yrs

Other conditions (Include pregnancy within 3 months of death) 124

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Arthur E. Byrnes (M. D. or other) M.D.  
Address St. LOUIS MO Date signed 12-17-44

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

95  
1

RECEIVED

District Health Officer No. 4

District File Number 145-90

Date Filed 1-9-45

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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.....

Licensed Embalmer No.....

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.**