

No. 2
1-5-43
5-17-39
I X36871

FILED MAR 18 1946
Registration District No. **377**

Primary Registration District No. **2002**

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town University City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence.. 7325 Colgate 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 St. Louis, 9/6
(c) City or town University City 5,
(If outside city or town limits, write "RURAL") **3**
(d) Street No. 7325 Colgate Avenue. **5**
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH MORRISSEY.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife James Morrissey. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 10th, 1863.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82. 11. 25. hr. min.

9. Birthplace Unknown. Ireland, 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

MOTHER FATHER { 12. Name John O'Brien.

13. Birthplace Unknown. Ireland, 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Connors.

15. Birthplace Unknown. Ireland, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. Roy Allison.

(b) Address 7325 Colgate Ave.,

17. (a) Burial.. (b) Date thereof 3/8/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.

19. (a) 3-8-46 (b) Dr. E. H. Bureau
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th,
year 1946. hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from
June 17, 1944 to May 5, 1946
that I last saw her alive on Mar. 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Atherosclerotic disease
of heart
Due to Arteriosclerosis **10 yrs**
Chronic nephritis **25 yrs**
Edema + ascites **6 mo**
Other conditions 131
(Include pregnancy within 3 months of death)

Duration
10 yrs
25 yrs
5 yrs
6 mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

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) (e) Means of injury.....
23. Signature [Signature] (st. b. c.)
Address 2435 N. Grand Ave Date signed 3/6/46

Dr Horace Johnson.
2435 No. GRAND
FR: 1439.
MRS. - 1 - 3

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 *Clarence A. Murray*

Licensed Embalmer No. *17011*

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.