

No. 2
-5-43
5-17-39
I, X36671

FILED AUG 20 1946

Registration District No. **377** Primary Registration District No. **2002**

1. PLACE OF DEATH:

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

(b) City or town **University City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence: 7069 Delmar Blvd.
(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)

3. (a) PRINT FULL NAME **NATHAN MORSE,**

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

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Emma Morse**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Jan. 18 1885**
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

61 6 24 hr. min.

9. Birthplace **Austria-Hungary**
(City, town, or county) (State or foreign country)

10. Usual occupation **Executive President.**

11. Industry or business **National Bedding Co.**

MOTHER FATHER

12. Name **Joseph Morse**

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

14. Maiden name _____

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

16. (a) Informant **Mrs. Emma Morse.**

(b) Address **7069 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **8-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

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

(b) Address **1237 Delmar Blvd.**

19. (a) **8-14-46** (b) **es m...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 96.**

(c) City or town **University City**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **7069 Delmar Blvd.**
(If rural, give location) **5**

(e) Citizen of foreign country? **No.** (Yes or No) **9**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12**
year **1946** hour **9:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **7/28/46** to **8/2/46**
that I last saw him alive on **7/31/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion - Posterior** **10 d.**

Due to **Arteriosclerosis**

Due to **Cholelithiasis & Diabetes Mellitus** **10 yrs 20 yrs**

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **None**

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? **9**

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **Alfred A. McKis** M. D. or other **W.D.**

Address **2301 N. Kingshighway** Date signed _____

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

100

MAY 20 1947

LE 1785
Mof Bed Co
500 S. C.

Mr. Delester Watkins.
2301 N. Kingshighway
FO-8365
11:30 to 1:30

SEP 6 1946

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, 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.