

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **Firmin Desloge Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME **James Wallace Morse**
3. (b) If veteran, name war. **None**
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 **Elizabeth**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Oct. 22 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 19 hr. min.

9. Birthplace **Bowdoinham Maine**
(City, town, or county) (State or foreign country)

10. Usual occupation **Accountant**

11. Industry or business **For Self**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wallace A. Morse**
(b) Address **5039 Bancroft Ave.**

17. (a) **Removal** (b) Date thereof **11 13 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bolivar, Mo. (Rail)**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **NOV 12 1946** **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **5039 Bancroft Ave.**
(e) Citizen of foreign country? _____
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **11th**
year **1946** hour **6:30** minute _____ P. M.
21. I hereby certify that I attended the deceased from **1935**
_____, 19____, to **Nov. 11, 46**, 19____
that I last saw him alive on **Nov. 11, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal pneumonia** Duration **3 days**
Due to **Multiple cerebral thromboses** **4 mos**
Due to **Atherosclerosis** **?**

Other conditions _____
Major findings: **80**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? _____
23. Signature **J. F. Brudick** (M. D. or other) **M.D.**
Address **5203 Chippewa** Date signed **11-12-46**

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

37742

147
9
0

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.....
Edwin M. Bennett

Licensed Embalmer No..... *3024*

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.