No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3568

Registrar's No. 12

1. PLACE OF DEATH:
(a) County St. Louis.. Missouri.
(b) City or town ~~Pine Lawn~~ Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5540 Janet Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis, 91
(c) City or town ~~Pine Lawn~~ Jennings
(If outside city or town limits, write "RURAL") 0
(d) Street No. 5540 Janet Ave.,
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JANE H. Morris.

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 H. Morris.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased June 28, 1853.
(Month) (Day) (Year)

8. AGE: Years 93. Months 6. Days 8. If less than one day hr. min.

9. Birthplace Cincinnati, Ohio.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name John P. Holden.
13. Birthplace England.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Pickup.
15. Birthplace Engla nd.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Viola Mottaz.
(b) Address 5475 Cabanne Ave.,

17. (a) Interrment. (b) Date thereof 1/8/47.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) 1-7-47 (b) Ruth Allen MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1947 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Dec 18, 1946 to Jan. 6, 1947; that I last saw her alive on Jan. 6, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic myocarditis | 5 yrs ? |
| Due to: 93 | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Arterio-sclerosis | 10 yrs ? |
| Chronic arthritis | |

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

23. Signature Eugene L. Arnold (M. D. or other) MD
Address 449 McLaran Date signed 1/6/47

(Licensed Embalmer's Statement on Reverse Side)

Dr Eugene Arnold.
1449 McLaren.
1 - 3.
6 - 8.

Coll 3 30

**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. M

**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.**