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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2876

Registrar's No. 329

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5861 Cates 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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5861 Cates Ave. 9 3
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Elizabeth Morse

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased Oct (Month) 30, (Day) 1867 (Year)

8. AGE: Years 80 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Vineland, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Teacher of Speech Art

11. Industry or business Teaching Profession

FATHER
12. Name David W. Morse
13. Birthplace Mass. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna S. Crist
15. Birthplace Penn. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Franz
(b) Address Ferguson, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/48. (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Missouri.

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri.

19. (a) JAN 12 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1948 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1947, to Jan 10, 1948; that I last saw him alive on Jan 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 month
Due to Arteriosclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 0

23. Signature Martin W. Davis (M. D. ~~or other~~)
Address 402 Humboldt Bldg. Date signed 1/10/48

(Licensed Embalmer's Statement on Reverse Side)

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. L. M. White

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.