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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38467

State File No. _____

Registration District No. **218**

Primary Registration District No. **1003**

Registrar's No. **10051**

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

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: Marian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
In this community 12 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001/13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1557 So. 2nd Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ESTHER MARIE MORRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William E. Morris 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased 0 ct. 14 1905
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Marion E. Etling
13. Birthplace Ohio
(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 William E. Morris
(b) Address 1557 So. 2nd Street

17. (a) Burial (b) Date thereof Nov. 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (c) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette

19. (a) NOV 19 1948 (b) J B Locater
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 18 month 18 day 6:20 hour 18 minute P. M.
year 1948

21. I hereby certify that I attended the deceased from Oct 17 to Nov 18, 1948
that I last saw her alive on Nov 18 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis?
Duration _____

Due to _____
Due to 9/4a
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 _____
23. Signature H. G. Moore (M. D. or other) _____
Address 917 5018 Date signed 11/19/48

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 Chas. W. Cooper

Licensed Embalmer No. 3880

P. O. Address 2301 Lafayette

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.