

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6651

State File No. _____

FILED MAR 8 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1535

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4376	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 510 Midvale Avenue 1	
3. NAME OF DECEASED (Type or Print) MEREDITH BAKER MORSE		4. DATE OF DEATH (Month) (Day) (Year) 2 17 52	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married	8. DATE OF BIRTH March 19, 1935
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 16
11a. BIRTHPLACE (State or foreign country) St. Louis, Missouri		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lucius B. Morse		13b. MOTHER'S MAIDEN NAME Madolyn Waugh Baker	
14. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Lucius B. Morse		17. INFORMANT'S SIGNATURE OR NAME Lucius B. Morse	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus infection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H92X		21f. HOW DID INJURY OCCUR? H92X	
22. I hereby certify that I attended the deceased from 2-15, 1952, to 2-17, 1952, that I last saw the deceased alive on 2-17-52, 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.			
23a. SIGNATURE RUPE Wynn H. Rupe M.D.		23b. ADDRESS 453 N. T. Taylor	
23c. DATE SIGNED 2-18-52		23c. DATE SIGNED 2-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-19-52	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Mo.	
24e. (State)		24e. (State)	
DATE REC'D BY LOCAL REG. FEB 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons	
25. FUNERAL DIRECTOR'S ADDRESS 7233 Delmar Blv'd.,		25. FUNERAL DIRECTOR'S ADDRESS 7233 Delmar Blv'd.,	

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

Dr. Wayne Rupe
453 North Taylor
Hrs 10-12

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Arnold W. Scherer

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.