

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3101**
0752

FILED FEB 2 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePAUL HOSPITAL		e. STREET ADDRESS (If rural, give location) 6171 Lucille	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) H. c. (Last) MORISCHE			4. DATE OF DEATH (Month) (Day) (Year) JAN 22-54		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 12-3-1876		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE MILLIE MORISCHE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs E G Moore 6171 Lucille	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Peptic Ulcer		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock			

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none 5401	

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Jan 22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Stahl		23b. ADDRESS 7124 Natural Bridge		23c. DATE SIGNED 1-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-25-54		24c. NAME OF CEMETERY OR CREMATORY ZION	
24d. LOCATION (City, town, or county) (State) ST LOUIS Co. Mo					

DATE REC'D BY LOCAL REG. JAN 25 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo. Ashwood & Co 2707 N. Grand	
---	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 4 1953

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ronald O. Yahn*.....

Licensed Embalmer No. *39*.....

P. O. Address..... *St. Lo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.