

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11310
Registrar's No. 2592

Registration District No. 318 Primary Registration District No. 1003

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:
5231 Vernon Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine, J. 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 Widowed
6. (b) Name of husband or wife Wm J, Morris 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. 9 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 20 hr. min.

9. Birthplace French Village Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name James E. Kerlagon

13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Palmer

15. Birthplace St. Marys, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Carlton Morris.

(b) Address 5231 Vernon Ave.

17. (a) Burial (b) Date thereof. 3-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourne Park, Mo.

18. (a) Signature of funeral director Godhart & Godhart

(b) Address 2228 St. Louis Ave

19. (a) MAR 12 1947 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 577
(If outside city or town limits, write "RURAL")
(d) Street No. 5231 Vernon Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 1947 hour 9 minute 8 M.
21. I hereby certify that I attended the deceased from Aug 6th 1946
to March 10th 1947
that I last saw her alive on March 9th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Arteriosclerosis 10 yrs
Duration
Due to..... 730
Due to..... 730
Other conditions..... Anemia 6 mo
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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?.....

While at work?..... (Specify type of place) (e) Means of injury 0

23. Signature Claude V. Alley (M. D. or other) 0
Address 5328 Page Blvd St Louis Mo Date signed 3/10/47

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

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

J. Allison Davis Jr
.....
Licensed Embalmer No. *4053*.....

P. O. Address

St. Louis
.....

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.