

No. 2  
-12-45  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 5 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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 3 Years  
years, months or days)

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

3. (a) PRINT FULL NAME Catherine, J. Morris  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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  
and that death occurred on the date and hour stated above.

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

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

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.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name James H. 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 Boone Grove, Mo.

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

(b) Address 2228 St. Louis Ave

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

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)  
Address 5328 Page Blvd St Louis Mo Date signed 3/10/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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.**