

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4939
 Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis, Mo.** (d) Street No. **1410a Dillon Street** Registered No. **1584**

(e) Length of residence in city or town where death occurred **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Henriette Morgenstern 625**

(a) Residence, No. **1410a Dillon Street** St. **23** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Theodore Morgenstern**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 17th, 1845**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	92	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

FATHER

13. NAME **(Unknown) Schmollreider**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Laura Gaterman** (ADDRESS) **1410a Dillon Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Pinckneyville, Ill.** DATE **February 15, 38**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Avenue**

20. FILED **FEB 14 1938** **J. E. Brodeur**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 12th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1-1**, 19**38**, to **2-12**, 19**38**

I last saw him alive on **2-7**, 19**38** Death is said to have occurred on the date stated above, at **11:55 P.M.**

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Other contributory causes of importance **Hb**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **J. M. Webb** (Signed) **4501 1/2 Manchester** (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)