S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13135

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3297

10
17
9

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4623-A Tyrolean Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town Saint Louis, 17V
(If outside city or town limits, write "RURAL")
(d) Street No. 4623 Tyrolean Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Morhenne

3. (b) If veteran, name war

3. (c) Social Security No. 498-09-1281

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Morhenne

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November (Month) 21st, (Day) 1869. (Year)

8. AGE: Years 74 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Tool And Die Maker

11. Industry or business Emmerson

FATHER
12. Name ? Morhenne
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Martha Morhenne
(b) Address 4623-A Tyrolean Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 44 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S.Peter & Paul Cem.

18. (a) Signature of funeral director Ziegenheim Bros.
(b) Address 6409 Gravois Ave.

19. (a) APR 10 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th, year 1944. hour 10 minute 0 A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1943, to April 7, 1944, that I last saw him alive on April 5, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	7
Due to Chronic Myocarditis	7
Due to Chronic Endocarditis	7
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93

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

23. Signature H. A. Schmieman (M. D. or other)
Address 6811 Gravois Date signed April 8/44

(Licensed Embalmer's Statement on Reverse Side)

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 John W Agonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.