

No. 2
-1747
-1739

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

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

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: _____
4253a Olive Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether _____)
10 years

In this community: _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: oao

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No: 19 4253a Olive Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Anna Morgan

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: F. 5. Color or race: W. 6. (a) Single, widowed, married, divorced: M.

6. (b) Name of husband or wife: John Morgan 6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: Dec. 31st., 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: Chicago Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: _____

12. Name: Severin Brickler

13. Birthplace: Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Zeman

15. Birthplace: Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. John Morgan
(b) Address: 4253a Olive St.

17. (a) Removal (b) Date thereof: 8-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Chicago, Ill.

18. (a) Signature of funeral director: John J. Donnelly
(b) Address: 3840 Lindell Blvd.

19. (a) AUG 4 1947 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2nd.
year 1947 hour 10 minute 15 p. m.

21. I hereby certify that I attended the deceased from Dec. 16, 1946 to Aug. 2, 1947
that I last saw her alive on Aug. 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Duration 9 days.

Due to: Hypertensive Arteriosclerotic Heart Disease ?

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____

Of autops: _____

Underline the cause of 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: 0

Signature: Joan M. Orenstein (M. D. or other) _____
Address: 440 N. Taylor Date signed: 8/4/47

