

No. 10-47
5-17-39
P 1 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38465

State File No. _____

Registration District No. **318**

Primary Registration District No. **100's**

Registrar's No. **9874**

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: St. Luke's Hospital
(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 Mo. (b) County _____

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

(d) Street No. 5628a So. Kingshighway Bl.
2 (If rural, give location)

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

3. (a) PRINT FULL NAME EMMA MORLANG

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 12
year 1948 hour 7 minute 45 a M.

21. I hereby certify that I attended the deceased from 10 May 1948, to 12 Nov 1948
that I last saw him alive on 11 Nov 1948
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 Married

6. (b) Name of husband or wife Dan

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

7. Birth date of deceased Sept. 9 1894
(Month) (Day) (Year)

Immediate cause of death Carcinoma of cervix

Due to Primary carcinoma of cervix

Due to _____

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

8. **AGE:** Years 54 Months 2 Days 3 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Major findings: Metastatic obstruction of recto sigmoid - colostomy done

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Henry Rohlfing

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

14. Maiden name Sophia Unknown

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

16. (a) Informant Dan Morlang

(b) Address 5628a So. Kingshighway Bl.

17. (a) Cremation (b) Date thereof 11-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 15 1948 (b) J. B. Lasater
(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 _____

23. Signature Price Keasmore (M. D. or other) MD
Address 3714 Washington - St. Louis Date signed 12 Nov 48

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

9874

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.