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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 4833A Fountain Av. St. ..... Ward)

File No. 25988

Registered No. 7853

2. FULL NAME Dr. Kossuth L. Morgner

(a) Residence. No. 4833A Fountain St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margarete Morgner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 15 1849

7. AGE: Years 79 | Months — | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician 13 10 7A
(b) General nature of industry, business, or establishment in which employed (or employer): " 13 2 F
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo.

PARENTS

10. NAME OF FATHER: Dr Albin Morgner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Caroline Strewa

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Miss. Verna Morgner
(Address) 4833A Fountain Av.

15. FILED ..... 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 30 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/28/28 July 28, 1928, to July 30, 1928 that I last saw him alive on July 30, 1928, and that death occurred, on the date stated above, at 12.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, Chr Interstitial
Uremia

129A

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia (terminal)

(duration) ..... yrs. ..... mos. 1 ds. 4

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Max John Bierman, M. D.

, 19 (Address) Jefferson Bank Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mo. Crematory

DATE OF BURIAL: Aug 2 1928

20. UNDERTAKER: E. J. Schnur 312

ADDRESS: 5 Lafayette a

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.