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

Do not use this space.

40762

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1002

City St. Louis, Mo. (No. 451 Wilmington St. ..... Ward)

File No. .....

Registered No. 11401

2. FULL NAME Mary Elizabeth Morgenstern

(a) Residence. No. 451 Wilmington St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 5, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	7	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Unknown Kirscher

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

12. MAIDEN NAME OF MOTHER Mary Pfieffner

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

14. INFORMANT Mary Ellen Hencke
(Address) 451 Wilmington

15. FILED 12-4-1930 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 3, 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-15-, 1930, to 12-3-, 1930, that I last saw her alive on 11-3-30, 19....., and that death occurred, on the date stated above, at 11:00-p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis.
131
126
..... (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis.
..... (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 0
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination.

(Signed) M. C. Etherton, M. D.
12-4-, 1930 (Address) 723 Haven Place.

*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: Lebanon, Illinois
DATE OF BURIAL: 12-6 1930.

20. UNDERTAKER: Southern
ADDRESS: 6320 S. Grand.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD