

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

Do not use this space.

19877

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1002**
 City **St. Louis** (No. **144** **Market St.**) St. Ward)

File No.....
 Registered No. **5902**

2. FULL NAME

Hartmann J. Morckel

(a) Residence. No. **2825 Hammett** St. **23** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	45	10	7	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work: **Craftsman 702**
 (b) General nature of industry, business, or establishment in which employed (or employer): **Bell Telephone Co.**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Henry Morckel

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

12. MAIDEN NAME OF MOTHER Katherine Kasser

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

14. INFORMANT Mrs Nancy Morckel (Address) 2825 Hammett St

15. FILED MAY 21 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1931

17. I HEREBY CERTIFY, That I attended deceased from April 21 to May 23 1931, to **May 23** 1931, that I last saw him alive on **May 21** 1931, and that death occurred, on the date stated above, at **7:45 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina pectoris (duration) yrs. 1 mos. ds.

CONTRIBUTORY **Chronic myocarditis** (SECONDARY) (duration) yrs. mos. ds.

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 (Signed) **C. S. Frank** M. D.

5-23-1931 (Address) **2825 Hammett St**

*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 **DATE OF BURIAL**
Valhalla Cemetery **May 26 1931**

20. UNDERTAKER **ADDRESS**
Peltz Bros 3029 Lafayette Ave.

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.

