

DECEASED, JAN 11 1938

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

41393  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 ..... Registration District No. .... 1003  
(b) Township ..... i ..... Primary Registration District No. ....  
(c) City ..... St. Louis ..... (d) Street No. 6167 Victoria Ave ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Morgan

(a) Residence, No. 6167 Victoria Ave ..... St. 4 .....  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
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 Thomas Morgan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/19/1865  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
73 2 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Joseph Skelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Thomas Morgan  
(ADDRESS) 6167 Victoria Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 12/27/38

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster  
(ADDRESS) Clayton Rd At Concordia Lane

20. FILED J. B. Bruders Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938, to 12/25/38, 19.....

I last saw her alive on 12/24/38, 1938. Death is said to have occurred on the date stated above, at 3 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis

Date of onset record

None

Other contributory causes of importance: Arteriosclerosis with hypertension

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify R. Brent Murphy, M. D.  
(Signed) (Address) 6120 Victoria 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.

RECORD WITH OCCUPATION INFORMATION IS A PERMANENT RECORD

1 X18603

**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.....

Edward H. Bockhorst.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Edward H. Bockhorst*

Licensed Embalmer No. 2502.....

P. O. Address Clayton, Mo......

**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, above space should be left blank.**