ESSD APR 12 1939

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

Do not use this space. 8520

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 2285
(c) City St, Louis (d) Street No. 4618 Olive St. 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 642 ALBERT EDWARD MORELOCK
(a) Residence, No. 4618 Olive St. St. 12
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1878

7. AGE: YEARS 60 MONTHS 7 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Telegraph
9. Industry or business in which work was done, as saw mill, bank, etc.: Operator
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): Stafford Mo. 0

FATHER
13. NAME: Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Dr. Leo Gottlieb 3720 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield, Mo DATE 3-11-39, 19

19. FUNERAL DIRECTOR (ADDRESS): Cullinane Brothers 1710 N. Grand Blvd.

20. FILED MAR 10 1939 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to March 9, 1939
I last saw him alive on March 9, 1939. Death is said to have occurred on the date stated above, at 12:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia rt. lung	3.5.39
Organism undetermined	
Other contributory causes of importance:	
Avitaminosis	1938
Gastritis, chronic	1938

Name of operation: None 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? None 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. None
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Leo Gottlieb, M. D.
(Address) 3720 Washington St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-40-37 I X12804

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Fred Frick.....

Licensed Embalmer No.....3186.....

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.)