

FILED OCT 18 1941
791

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **7427**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **3 years 0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mad**
 (c) City or town **St. Louis** **6 17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5734 Wells ave.** **9**
(If rural, give location)
 (e) Citizen of foreign country **Alien # 2 863 586** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME

Viktor Morgenstern *ALTERN*

3. (b) If veteran, name war **no**

3. (c) Social Security No. **495-14-8064**

4. Sex **male 0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Yetta** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 2 1901**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	10	11	hr. _____ min.

9. Birthplace **Vienna Austria Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hat blocker**

11. Industry or business **International Hat Co.**

MOTHER FATHER { 12. Name **Joseph Morgenstern**

13. Birthplace **Austria 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Seidenberg**

15. Birthplace **Austria 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Yetta Koerner Morgenstern**

(b) Address **5734 Wells ave.**

17. (a) **burial** (b) Date thereof **Sep. 15, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **SEP 15 1941** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13**
 year **1941** hour **9** minute **38** A.M.

21. I hereby certify that I attended the deceased from **June 29**
P. 19 **41** to **Sept 13** 19 **41**;
 that I last saw him alive on **Sept 13** 19 **41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cachexia** **2 months**
 Duration

Due to **Retroperitoneal Carcinoma** **6 months**

Due to _____

Other conditions **Hb**
(Include pregnancy within 3 months of death)

Major findings: **Hb**
 Of operations _____

Of autopsy **Retroperitoneal Carcinoma undifferentiated**

22. If death was due to external causes, fill in the following:
 Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Wallace Rindkopf** (M. D. or other) **0 117**

Address **Jewish Hospital** Date signed **9/13/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision..

Signed.....



Licensed Embalmer No. 1597

P. O. Address.....

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, fact should be so stated above.