

FILED AUG 25 1942

Registration District No.

Primary Registration District No.

Registrar's No.

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

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: ST. ANTHONY HOSP. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME JOHN MORLENNBERG.

3. (b) If veteran, name war. NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILHELMINA 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased MAR. 30 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 16 If less than one day hr. min.

9. Birthplace 46 GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business MERCHANT

MOTHER FATHER

12. Name UNKNOWN
13. Birthplace UNKNOWN 9/12/21
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9/11/0
(City, town, or county) (State or foreign country)

16. (a) Informant Wilhelmina Morlennberg
(b) Address 7408 9 MICHIGAN AV

17. (a) BURIAL (b) Date thereof 8 19 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD SS PETER'S PAUL CH.

18. (a) Signature of funeral director W. B. Fisher

(b) Address 7124 Michigan St

19. (a) AUG 17 1942 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS 12
(If outside city or town limits, write "RURAL") 91
(d) Street No. 7408 MICHIGAN AV.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1942 hour 9 minute 20/P M.

21. I hereby certify that I attended the deceased from Aug 9 1942 to Aug 15 1942
that I last saw him live on Aug 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 2 yr
(terminal failure) 2 days
Due to Chronic cholecystitis
Cholelithiasis
Due to acute ileus due to
gall stone blocking
small bowel
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: As above
Of operations Bowel obstructed by stone
Of autopsy

Underline cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) 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 no

23. Signature S. C. Sullivan (M. D. or other) no
Address 421 W. Schriener Date signed 8/17/42

8651 8/28

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *732 Hemlock Ave.*

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.