. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

587

State File No. 546

Registration District No. JAN 26 1943 218

Primary Registration District No. 1003

Registrar's No.

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: 4022 St. Louis Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 911
(If outside city or town limits, write "RURAL")

(d) Street No. 4022 St. Louis Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lena Morlock

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Charles T. Morlock

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 27, 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 22 If less than one day hr. min.

9. Birthplace St. Clair County, Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Benhardt Twenhafel
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name A. Fruth
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Benard C. Morlock
(b) Address 4022 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Mascoutah, Ill.

18. (a) Signature of funeral director Wm. F. Paschedag
(b) Address 2825 N. Grand Blvd.

19. (a) JAN 19 1943 (Date received local registrar) (b) D. F. Bradlett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sep 14, 1942, to Jan 19, 1943
that I last saw him alive on Jan 18, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the 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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. C. Emerson (M. D. or other)
Address 3870 Easton Date signed Jan 19

(Licensed Embalmer's Statement on Reverse Side)

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 B. J. W. Wilkinson

Licensed Embalmer No. 3575

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.