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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED JUN 10 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18881

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 42

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Carmelite Home 4
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Maplewood 97
(If outside city or town limits, write "RURAL")

(d) Street No. 3245 Walter Avenue 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 3

If yes, name country 0

3. (a) PRINT FULL NAME Adolph Morlock

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Jones

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

7. Birth date of deceased May (Month) 2 (Day) 1856 (Year)

8. AGE: Years 87 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Florist

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Joseph Carr
(b) Address 7265 Manchester, Maplewood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem, Oak Grove Cem

18. (a) Signature of funeral director J. B. Smith
(b) Address 7456 Manchester St. Louis Mo.

19. (a) 5-5-1943 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1943, to May 2nd 1943 that I last saw him alive on Apr 30th 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 hr.
Due to Chronic Myocarditis	3 yrs.
Due to General Arterio-sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

93d

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

23. Signature A P Erich Schulz M.D. (M. D. or other)
Address St Charles Mo. Date signed 5/3/43

1340 (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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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, fact should be so stated above.