S. No. 2
M—2-43
-17-39
X35697

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

State File No. 40301

FILED JAN 12 1944

Registration District No. 818 | Primary Registration District No. 1003 | Registrar's No. 11995

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: 4118 W. Lee Ave. 1
(If not in hospital or institution, write street number or location)

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

In this community: Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No.: 4118 W. Lee Ave (If rural, give location)

(e) Citizen of foreign country? N. (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: William H. Morgeneier

3. (b) If veteran, name war: No

3. (c) Social Security No. 494-01-0451

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Alvine Morgeneier

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: April (Month) 13 (Day) 1879 (Year)

8. AGE: Years 64 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Street Car Operator

11. Industry or business: Public Service Co.

FATHER
12. Name: Christian Morgeneier
13. Birthplace: — (City, town, or county) Germany 4 (State or foreign country)

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

16. (a) Informant: Mrs. Alvine Morgeneier
(b) Address: 4118 W. Lee Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 3-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: Calvin J. Teutz Funeral Home
(b) Address: 4828 Natural Bridge Blvd.

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 year 1943 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 17, 1943 to Dec. 30, 1943 that I last saw him alive on Dec. 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of heart	6 hors
Due to: Chronic Mycarditis	1 year
Due to: Diabetes mellitus	?
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature: Fred R. Trug D (M. D. ~~or other~~)
Address: 2249 St. Louis ave Date signed 12/31 43

(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 Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.