

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County. St. Louis, Mo
(b) City or town. St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Honor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One year & 8 months
(Specify whether
In this community. For years
years, months or days)

3. (a) PRINT FULL NAME Josephine Morchel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Widow of late Joseph Morchel
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 18, 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Bond County, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sebastian Hagel
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Magdalena Stem
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Spear - Capt.
(b) Address 2609 S Grand

17. (a) Burial (b) Date thereof 4 12 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director George W. W. Co.
(b) Address 3710 N Grand Bldg.

19. (a) APR 11 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ORO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2609 S Grand Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9
year 1947 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1 Apr., 1946 to Apr. 9, 1947
that I last saw her alive on Apr. 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rt. Lung
Duration 1 yr.

Due to _____
Due to _____
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?

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature Edward Helwig (M. D. or other) MD
Address 3903 Olive Date signed 4-11-47

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

MOTHER, FATHER

W. Morris

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 *W. Morris*

Licensed Embalmer No. 3360

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, above space should be left blank.