No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7417

State File No. 0

Registration District No. 3487 Primary Registration District No. 6076 Registrar's No. 388

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)
In this community 20 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4133 Lindell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MORHAUS, Clarence F.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leta
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased March (Month) 13 (Day) 1896 (Year)

8. AGE: Years 51 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Marthasville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation CHIROPRACTOR
11. Industry or business
FATHER
12. Name Richard Morhaus
13. Birthplace WARRENTON, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Amanda Krigemeyer
15. Birthplace Marthasville, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address VAH, Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 2-10-48 (Date received local registrar) (b) Beula Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1948 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from January 19, 1948 to February 8, 1948; that I last saw him alive on February 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) CEREBRAL HEMORRHAGE	Unk
(2) CARDIAC DECOMPENSATION	
Contributory cause: HYPERTENSIVE CARDIOVASCULAR DISEASE	
SUBSTERNAL COLLOID GOITER	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Autopsy performed
(See cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 L. E. Stilwell (M. D.)
Address Jefferson Barracks, Mo. Date signed 2/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1948

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.