

FILED MAR 23 1948

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2486**

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:
St. Louis City Hospital, **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County 000
 (c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 2205 Alberta St., 9
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____ 0

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

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month March day 11
 year 1948 hour 4: minute 20 A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,
 6. (b) Name of husband or wife Peter Morgan, 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 21, 1891
(Month) (Day) (Year)

Immediate cause of death _____
Acute Myocardial Infarction
 Due to Stenosis
 Due to _____
 Other conditions 92
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>20</u>	_____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri, **0**
(City, town, or county) (State or foreign country)
 10. Usual occupation Inspector,
Elder Mfg. Co.,

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?

MOTHER FATHER
 12. Name Xavier Braig,
 13. Birthplace Germany, **4**
(City, town, or county) (State or foreign country)
 14. Maiden name Minnie Schroeder,
 15. Birthplace St. Louis, Missouri, **0**
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Braig,
 (b) Address 2205 Alberta St.,
 17. (a) Burial, (b) Date thereof 3/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____
(Specify type of place)
 (2) Means of injury _____ **3**
 23. Signature Alfred Perry (M. D. or other) **3**
Jeffery Pearson Date signed 3-12-48

(c) Place: burial or cremation: New Picker Cemetery,
 18. (a) Signature of funeral director Gebken-Benz Mortuary,
2842 Meramec St.,
 (b) Address WAR 12 1948 J. F. Brodack
(Date received local registrar) (Registrar's signature)

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

1199

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..... me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Jaron E. Seucy

Licensed Embalmer No. 4094

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.