

FILED JUL 15 1948
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5927

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:
4101 Magazine
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
 In this community 60 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County MOO
 (c) City or town ST LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4105 Magazine
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ No.

3. (a) PRINT FULL NAME SARAH ELLEN Capp.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: 48 Month 6 day 30 year 48 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 1948 to _____ 1948
 that I last saw him alive on 6/29/48 and that death occurred on the date and hour stated above. Duration 1 hour.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) ~~Single, widowed, married~~
 6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 7 1868
 (Month) (Day) (Year)

Immediate cause of death: Sudden thrombosis of coronary vessels.
 Due to _____
 Due to _____

8. AGE: 80 Years 3 Months 23 Days If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

9. Birthplace VIENNA ILLINOIS
 (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWIFE
 11. Industry or business HOME
 12. Name JOHN P. Morgan
 13. Birthplace ILLINOIS
 (City, town, or county) (State or foreign country)
 14. Maiden name MANCY JANE REGER
 15. Birthplace ILLINOIS
 (City, town, or county) (State or foreign country)

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)
 23. Signature Robert M. ... (M. D. or other) _____
 Address 975 ... Date signed 7/15/48

16. (a) Informant ROLPH Capp.
 (b) Address 4101 Lafayette
 17. (a) Burial (b) Date thereof JULY 3-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MT VERNON CEMETERY
 18. (a) Signature of funeral director Robt. ...
 (b) Address 3029 Lafayette
 19. (a) JUL 2 1948 (b) _____
 (Date received local registrar) (Registrar's signature)

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

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

398-1112

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

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *3029 Lafayette*

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.