. No. 300
. 10.48

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32031

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8468

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) ?
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 2931 Nebraska

3. NAME OF DECEASED (Type or Print)
a. (First) Stella
b. (Middle)
c. (Last) Morgan

4. DATE OF DEATH (Month) (Day) (Year) 9-30-49

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-6-92
9. AGE (In years last birthday) 57 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Columbia, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John J. Pfeffer
13b. MOTHER'S MAIDEN NAME Bertha Reis
14. NAME OF HUSBAND OR WIFE George L. Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME George Morgan — **ADDRESS** Gary, Indiana.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Hypertension — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 444X

22. *I hereby certify that I attended the deceased from* Sept. 22, 19 49, *to* Sept. 30, 19 49, *that I last saw the deceased alive on* Sept. 30, 19 49 *and that death occurred at* 4:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Mack, M.D. (Degree or title)
23b. ADDRESS 1325 South Grand, St. Louis
23c. DATE SIGNED 10-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/1/1949
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Gary, Indiana

DATE REC'D BY LOCAL REG. OCT 2 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington Bl

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Elmo R. Radwell

Licensed Embalmer No. 4677

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.