

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7047

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 530

1. PLACE OF DEATH a. COUNTY St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give town or township) University City		c. CITY (If outside corporate limits, write RURAL and give township) University City	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1039 East Park Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1039 East Park Ave.,			

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) MORGENTHALER SR. c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Fred Morgenthaler		13b. MOTHER'S MAIDEN NAME Mary Free		14. NAME OF HUSBAND OR WIFE Francis Morgenthaler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-18-8525		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS Francis Morgenthaler, 1039E. Park Ave	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) Generalized Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cephalomalaria			INTERVAL BETWEEN ONSET AND DEATH 4 days 7 yrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 27, 1949, to Feb 28, 1950; that I last saw the deceased alive on Feb 25, 1950, and that death occurred at 11:45 AM, from the causes and on the date stated above.

23a. SIGNATURE J. H. Brown (Degree or title) MD		23b. ADDRESS 539 N Grand Ave		23c. DATE SIGNED 3/1/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem., St. Louis Co., Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark, 1125 Hodiamont Ave.,		ADDRESS	
DATE REC'D BY LOCAL REG. 3-1-50		REGISTRAR'S SIGNATURE Herbert R. Dowling			

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

4006

A. D. Q. J. T. 10th
3604 Woodbury Ter
1-30-18 PM
J.E. 18 PM

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 *J. A. M. Ambler* _____
Licensed Embalmer No. *3653*

P. O. Address *St. Louis 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.