Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-046707
STATE FILE NUMBER

FILED DEC 19 1958 Registration District No. 312 Primary Registration District No. 542 Registrar's No. 3138

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richmond Hts. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 33 St.Mary's Hosp. Length of stay in 1b 2 Days 1029

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 6908 Southland Av. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MAUDE Middle IRENE Last MORG

4. DATE OF DEATH Month Nov. Day 29 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 25,1902
9. AGE (In years last birthday) 56 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lee Runder
13b. MOTHER'S MAIDEN NAME Maude E. Haughton
14. NAME OF HUSBAND OR WIFE Frederick Morg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 500-24-4882
17. INFORMANT Frederick Morg Address 6908 Southland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Septicemia — INTERVAL BETWEEN ONSET AND DEATH 48 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ch Infection Kidney RT — 2-yrs
DUE TO (c) 600.2F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in home 1 wk prior to death, injured deceased Kidney
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year Nov 19-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to 11/30/58 and last saw her/him alive on 11/30/58
Death occurred at 7:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS 3915 Watson
22c. DATE SIGNED 12/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 3,1958
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S.Kingshighway
25. DATE RECD. BY LOCAL REG. 12-1-58
26. REGISTRAR'S SIGNATURE Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## 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 .....
Signature of Student Embalmer

Signed Edwin D McHerrett

Licensed Embalmer No. 3024

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.