

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6180

1. PLACE OF DEATH

County Registration District No. 2091
 Township Primary Registration District No. 2091
 City St. Louis (No. 2209 Hebert St)
Little Sister of the Poor

File No.
 Registered No. 1206
 St. Ward)

2. FULL NAME

(a) Residence, No. 2209 Hebert St., 20 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28th 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo

13. NAME Daniel Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Leattis Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Sister James (ADDRESS) 2209 Hebert St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary (Ind) DATE Feb 8, 1932

19. UNDERTAKER Triggs Hausen Mortuaries (ADDRESS) 4104 Macarthur

20. FILED Feb 5 1932 W. C. Hartley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1932 to Feb 5, 1932

I last saw her alive on Feb 4, 1932 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) Date of onset Jan 29, 1932

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Anthony A. Piekoski, M. D.

(Address) 1525 a Cass Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

IMMEDIATE RECORD

