

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

Do not use this space.

OCT 23 1935

30703

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **8674**)

City **St. Louis**

File No.....

Registered No. **7452**

St.....

Ward.....

**2. FULL NAME**

**Frank Morgan**

(a) Residence, No. **4333A**

St. **St. Louis**

Ward. **18**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 21, 1935**

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

22. I HEREBY CERTIFY, That I attended deceased from **8/31**, 19**35**, to **9/22**, 19**35**.

I last saw **him** alive on **9/22**, 19**35**. Death is said to have occurred on the date stated above, at **10:45 am**.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 16 1872**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. **62 11 23**

**Emulsion of stomach irritations**

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

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)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance **46**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

13. NAME **Kate Morgan**

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

15. MAIDEN NAME **Mary**

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

17. INFORMANT (ADDRESS) **Steph J. ... City St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mount St. ...** DATE **9-4-35**

19. UNDERTAKER (ADDRESS) **The ...**

20. FILED **SEP 23 1935** **J. Bredek** Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) **J. Bredek** M. D.

(Address) **City St. Louis**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

