

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

JUL 14 1936

24574

1. PLACE OF DEATH

County..... Registration District No..... 1003
Township..... Primary Registration District No.....
City... St. Louis, Mo. (No.) Central Hospital St. Ward)

File No.....
Registered No. 6194

2. FULL NAME Lillian Clara M. Morgan

(a) Residence, No. 8729 Windom St. W/B Ward St. Louis County
(Usual place of abode) (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 F	4. COLOR OR RACE W	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) Aug 25, 1925		
7. AGE YEARS 10	MONTHS 9	DAYS 22
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
	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.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME Wm. G. Morgan

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Olga Brandt

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

17. INFORMANT Wm G. Morgan
(ADDRESS) 8729 Windom

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem DATE 6/20, 1936

19. UNDERTAKER Kraeger, Moss and Fix
(ADDRESS) 3402 N. Kingshighway

20. FILED JUN 17 1936
J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6 - 16**, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

Fractured Skull
Brain Hemorrhage
Brain Contusion
Chronic Bronchitis
Date of onset

Other contributory causes of importance:
Fell on wooden steps at Residence
Accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 13, 1936

Where did injury occur? At Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall down steps
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Harold P. Debus, M.D.
(Address) St. Louis

1950

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