

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D SEP 12 1938

27229

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1008
 (b) Township Primary Registration District No. Registered No. 7243
 (c) City ST. LOUIS MO. (d) Street No. 4048 CLEVELAND AV. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOSEPHINE STEVENS MORGAN, 625
 (a) Residence, No. 4048 CLEVELAND AV. St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
 4. COLOR OR RACE WHITE
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF HARRY W. MORGAN.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 30-1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 8 14
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS
 13. NAME FATHER ARTHUR STEVENS
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.
 15. MAIDEN NAME MOTHER MARY NUGENT
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.
 17. INFORMANT (ADDRESS) HARRY W. MORGAN 4048 CLEVELAND AV.
 18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA CREMATORY DATE 8/16/38
 19. FUNERAL DIRECTOR (ADDRESS) E. J. Schmir 3125 Lafayette av
 20. (Address) J. F. B. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 13 1938
 22. I HEREBY CERTIFY, That I attended deceased from 12-12 1937 to 8-13 1938
 I last saw her alive on 8/12 1938 Death is said to have occurred on the date stated above, at 10:45 p.m.
 The principal cause of death and related causes of importance were as follows:
 Valvular Heart Disease
 Carcinomatosis
 Other contributory causes of importance: Carcinoma Cervix uteri
 Name of operation: Rodin Date of 12-12-36
 What test confirmed diagnosis? Path. Report 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?
 If so, specify (Signed) Courtney H. Howell, M. D.
 (Address) 105 Lister Bldg.

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.

STATEMENT BY LICENSED EMBALMER

I, Joe B. Vollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Joe B. Vollmer
Licensed Embalmer No. 4014

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.)