REC'D FEB 10 1939

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

3

Do not use this space. 126

1. PLACE OF DEATH

(a) County 1 Registration District No. 791

(b) Township Primary Registration District No. 1003 Registered No. 126

(c) City St. Louis, (d) Street No. en route City Hosp. No. 1. 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 625 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Norman Morgan Sr.

(a) Residence, No. 2611 Howard Street. St. 20

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1874

7. AGE: Years 64 Months 10 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

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

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

FATHER

13. NAME David Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois,

MOTHER

15. MAIDEN NAME Nancy Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Charles R. Morgan (ADDRESS) 2611 Howard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan. 4. 1939, 19

19. FUNERAL DIRECTOR (NAME) General Mortuary Inc. (ADDRESS) 2233 University St.

20. FILED JAN 4 1939 J. B. Bredak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st, 1939, 19

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 9:00 P.m.

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

Date of onset

Coronary Occlusion;

Arteriosclerosis.

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... 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 see above

Nature of injury

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

If so, specify

(Signed) Joseph M. Quinn, M.D.

(Address) Deputy Coroner

Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Edward H Bockhorst ....., or by .....
Registered Apprentice No....., working under my personal supervision.

Signed Edward H Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Ills

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.