

REC'D APR 13 1939

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

12722

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Midway
(c) City North, Mo.
(d) Street No. 2

Registration District No. 943 11121
Primary Registration District No. 6743

Registered No. _____

(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 ELLA MARGARET MORGAN

(a) Residence, No. _____ St. ☐ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Morgan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1953
7. AGE YEARS 85 MONTHS 4 DAYS 13 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lined with children
9. Industry or business in which work was done, as saw mill, bank, etc. Children
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) Bellaire Ohio

13. NAME John Trump
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Rachel Mathews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) W. Morgan North, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheaton Ave DATE 3/13/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Thumlee Grand City, Mo.

20. FILED 4-8-39 Ed Mull Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-4-39, to 3-12-39, 1939
I last saw her alive on 3-11-39 Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 3-5-39
g. m.

Other contributory causes of importance: ✓

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 ✓, 1939

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) Ed Mull M. D. (Address) Grand City, Mo.

IVED

Health Officer No. 11

File Number

39-365

APR 12 1939

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, or by.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed

Arch C. Duffee

Licensed Embalmer No.

3252

P. O. Address

East City, Mo.

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.)

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