

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5071 Maple Ave. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Elizabeth Morgan 625
3. (b) If veteran, name war _____ **3. (c) Social Security No.** None

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widow
6. (b) Name of husband or wife. George Morgan **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased. November 20 1869
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____
12. Name Henry Sullivan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Clancy
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Stella Kilmering
(b) Address 2912a Pennsylvania

17. (a) Burial **(b) Date thereof** 11/17/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cem.

18. (a) Signature of funeral director J. Schnur
(b) Address 3135 Lafayette Ave

19. (a) NOV 15 1939 **(b)** J. Schnur
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1618 N. Euclid Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 14,
year 1939 hour 1:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 30, 1939, to November 14, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver **Duration** _____
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: None
Of operations _____
Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Schnur (M. D. or other) _____
Address 1515 Lafayette, 11/15/39

WHILE I REMAIN IN USE CONTAINING BLACK INK—MAKE 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 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.....

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.