V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8618

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2101

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town New Florence NR
(If outside city or town limits write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Morgan
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. (Month) 17 (Day) 1862 (Year)
8. AGE: Years 78 Months 0 Days 13 If less than one day hr. min.
9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
MOTHER FATHER
12. Name Henry Morgan
13. Birthplace (City, town, or county) Connecticut (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Myrtle Morgan
(b) Address New Florence, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Florence, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) MAR 1 1940 (Date received local registrar) (b) J. F. Buechek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 1st day March year 1940 hour 1 minute 35 A.M.
21. I hereby certify that I attended the deceased from Feb 25 1940 to Mar 1 1940 that I last saw h alive on February 29 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocard. degen. Arteriosclerosis Fibrillation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Hundgate (M. D. or other) MD
Address 5500 Delmar Date signed 3-4-40

(Licensed Embalmer's Statement on Reverse Side)

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. 2971

P. O. Address.....

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.