S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20495

FILED JUL 1 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5443

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town 7
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2736 Chippewa
(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 65 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2736 Chippewa
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Thomas Morgan 625

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bella Morgan

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb (Month) 15 (Day) 1868 (Year)

8. AGE: Years 72 Months 4 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business unemployed

FATHER
12. Name Henry Morgan
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Woodside
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Bella Morgan
(b) Address 2736 Chippewa

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 25/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Fendler Und.Co.
(b) Address 7420 Michigan

19. (a) JUN 25 1940 (Date received by local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1940 hour minute 4.9 A. M.

21. I hereby certify that I attended the deceased from Sept 22 1939 to June 22 1940 that I last saw him alive on June 22 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis — Duration

Due to Cardiac Vascular Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

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?

(e) Means of injury (Specify type of gun, etc.)

While at work? (Specify type of place)

Signature L. S. Weinman (M.D. or other)

Address 3108 Chippewa St Date signed 6/24/40

(Licensed Embalmer's Statement on Reverse Side)

3108 Chippar

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 Wilson Collins

Licensed Embalmer No. 3887

P. O. Address Solomon, Md

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.