

Registration District No. **791** Primary Registration District No. **1003**

FILED DEC 1 1940

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **2331 So. 7th. St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Joe Ann Morgan**

3. (b) If veteran, name war **No.** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Child**
6. (b) Name of husband or wife **Child** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 30 1939**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 28 hr. _____ min.

9. Birthplace **Nason Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER
12. Name **Joe Morgan**
13. Birthplace **Mt. Vernon Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Freda Rogers**
15. Birthplace **Nason Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Joe Morgan**
(b) Address **2331 So. 7th. St.**

17. (a) **Removal** (b) Date thereof **11/30/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Vernon, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. **NOV 29 1940** (b) **J. H. Bludick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **28**
year **1940** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **11-24**, 19**40**, to **11-28**, 19**40**;
that I last saw her alive on **11-28**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia**
Primary **4 days**
Duration

Due to _____
Due to **10/7/40**
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?

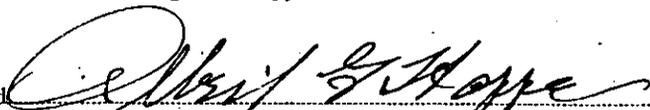
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **O. Jones** (M. D. or other) **MD**
Address **3616 S. Bundy** Date signed **11-28-40**

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

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, fact should be so stated above.