

No. 2
4-13-40
1-17-39
I, X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8196

FD MAR 11 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 320

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis Rimmer Garden

(c) Name of hospital or institution: _____
(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 St. Louis 96

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

(d) Street No. Route #3, Box 149 _____
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN W. 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 Louise 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased About 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 60 Unknown _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Morgan

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Morgan

(b) Address Route #3, Soburg Dr., St. Lou

17. (a) Burial (b) Date thereof Feb. 12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) FEB 11 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 9-day 9th
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1, 1940
1940, to Feb 9, 1941

that I last saw him alive on Feb 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson disease Duration 2

Due to not known

Due to not known

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN _____

Of operations _____

Of autopsy none

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) none

(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 Dr. H. F. Miller (M. D. certificate) _____
Address 8410 N. Baway Date signed 2/11/41

(Licensed Embalmer's Statement on Reverse Side)

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

006

5

ST 10015 no

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 Benj. C. Duman

Licensed Embalmer No. 2222

P. O. Address 1926 Allen

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.)

3 If this body is not embalmed, fact should be so stated above.