

DEPARTMENT OF HEALTH  
BUREAU OF THE VITAL RECORDS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29850**  
Registrar's No. **7189**

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

**1. PLACE OF DEATH:**  
(a) County **St. Louis, Mo.**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution **4263 West N. Market Street  
Homer C. Phillips Hospital**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **About 23 years**

**8. (a) PRINT FULL NAME** **Leonard Schalfield Morgan**  
**3. (b) If veteran,** **No** **3. (c) Social Security** **No**

**4. Sex** **Male** **Colored** **6. (a) Single, widowed, divorced, or married** **Married**  
**6. (b) Name of husband or wife** **Susie E Morgan** **6. (c) Age of husband or wife if alive** **56 years**  
**7. Birth date of deceased.** **Aug. 18, 1886**

**8. AGE:** Years **61** Months **0** Days **16** If less than one day hr. min.

**9. Birthplace** **Winston Salem N. C.** **Druggist**

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **Sam Morgan**  
**13. Birthplace** **Winston Salem N.C.**  
**14. Maiden name** **Sarah Webb**  
**15. Birthplace** **Winston Salem N. C.**

**16. (a) Informant** **Susie E. Morgan**  
**(b) Address** **4263 West N. Market Street**

**17. (a)** **Burial** **(b) Date there** **Sept 5th 1941**  
**(c) Place: burial or cremation** **Washington Park  
A. L. Beal Und Co.**

**18. (a) Signature of funeral director** **2726 Lucas Ave.**  
**(b)** **SEP 5 1941**  
**19. (a)** **(b) J. Bredbeck**

**2. USUAL RESIDENCE OF DECEASED:**  
**(a) State** **Missouri** **(b) County** **000**  
**(c) City or town** **St. Louis**  
**(d) Street No.** **4263 West N. Market St**  
**(e) If foreign born, how long in U. S. A.?** **0** years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Sept.** day **3rd**  
year **1941** hour **1** minute **45 A.** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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?** \_\_\_\_\_  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** \_\_\_\_\_

**23. Signature** **Thomas F. Callahan**  
**Address** **Deputy Coroner** **Date signed** **9/5/41**

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

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**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 *A. D. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

**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.**