V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12542

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4036

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Enroute City 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 26 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 12 912

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

(d) Street No. 799 Aubert (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Patrick Morgan

3. (b) If veteran, name war nil

3. (c) Social Security No. 491-16-7572

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 6 (Day) 1883 (Year)

8. AGE: Years 59 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Rochester (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Cook

11. Industry or business

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

MOTHER
14. Maiden name Julia Maffett
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs Agnes Morgan

(b) Address 799 Aubert

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Guy Mullen

(b) Address 5041 Delmar

19. (a) APR 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2-9 year 1943 hour 2 minute 30 A.M.

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

Immediate cause of death Subdural hemorrhage of Brain, internal hemorrhage from laceration of liver and right lung

Due to When he was struck by a Street Car manned by one Joseph Oldani

Due to on public Service Right-of-Way about 20 feet west of Catalpa Ave

Other conditions about 2.20 AM. April 29 (Include pregnancy within 3 months of death)

Major findings: 1943

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) Accident 000

(b) Date of occurrence Apr 29 1943

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury Street Car

23. Signature Fred Perry (M.D. or other)

Address Clayton Mo Date signed 4/30/43

(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 William T. Evans

Licensed Embalmer No. 4319

P. O. Address St. Louis Mo

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.