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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12544

D APR 19 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3361

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 924

(a) State Mo. (b) County

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

(d) Street No. 3236 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Swiney Morgan

3. (b) If veteran, name war No.

3. (c) Social Security No. 344-05-4765

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Augusta

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November (Month) 22 (Day) 1876 (Year)

8. AGE: Years 66 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Baton Rouge (City, town, or county) La. / (State or foreign country)

10. Usual occupation Electrical Engineer

11. Industry or business

FATHER
12. Name William L. Morgan
13. Birthplace (City, town, or county) La. / (State or foreign country)

MOTHER
14. Maiden name Sarah Swiney
15. Birthplace (City, town, or county) La. / (State or foreign country)

16. (a) Informant Augusta Morgan
(b) Address 3236 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec

19. (a) APR 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1943 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from March 31, 1943 to April 8, 1943 that I last saw him alive on April 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of scrotum with metastasis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinoma metastasis to left inguinal region

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene Vieyr (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 4/8/43

(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 Clarence J. Rochow, Registered Apprentice No. XXXX, working under my personal supervision.

Signed Clarence J. Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.