

FILED MAR 13 1944 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5520
2039

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 1003

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

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:
Deaconess 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)

3. (a) PRINT FULL NAME Whitnell E. Morgan

3. (b) If veteran, name war # #1

3. (c) Social Security No. 86-18-1243

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha G. Morgan 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan 11th, 1889
(Month) (Day) (Year)

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

55	1	16	hr. min.
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9. Birthplace Troy Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Draftsman

11. Industry or business Wenzlick Real Estate Co

MOTHER FATHER { 12. Name Thomas Morgan

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

14. Maiden name Annie Skelton

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

16. (a) Informant Martha Morgan
(b) Address 6201 Victoria Ave

17. (a) Burial (b) Date thereof 3/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Mo

19. (a) MAR 1 1944 (Date received local registrar)
J. F. Beedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13

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

(d) Street No. 6201 Victoria Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1944 hour 9 minute 15 P. 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 Mesenteric Strangulation

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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) 23

(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 3

23. Signature Thomas J. Holloman
Address Capitol Crown Date signed 3-2-44

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 Edward H. Dockland

Licensed Embalmer No. 2502

P. O. Address Dayton 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.