No. 2
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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 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15806

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1971

1. PLACE OF DEATH:

(a) County St. Louis Cnty.

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6750 Nashville
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Earl P. Morgan

3. (b) If veteran, name war

3. (c) Social Security No. 489-03-6169

4. Sex Male

5. Color or race White

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

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

6. (c) Age of ~~husband~~ or wife if alive 49 years

7. Birth date of deceased April 24, 1893 (Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 14 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Manager & Salesman

11. Industry or business Coal & Building Material

FATHER
12. Name Wm. Morgan
13. Birthplace Unknown (City, town, or county) Wales (State or foreign country)

MOTHER
14. Maiden name Mary Jane Lewis
15. Birthplace Unknown (City, town, or county) Unkown (State or foreign country)

16. (a) Informant Christine Morgan
(b) Address 6750 Nashville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAY 11 1944 (Date received local registrar) (b) E. N. McDavan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1944 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from May 5th, 1944 to May 8, 1944 that I last saw him alive on May 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Cheartly + Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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)

(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 Fred Kramer (M. D. or ~~other~~) MD

Address 6344 Grand Date signed 5-9-44

767 (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.....Thomas Eymah.....

Licensed Embalmer No.....1284.....

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.