S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42124

Primary Registration District No. 3064

Registrar's No. 2499

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Ferguson Bowling Alley-123 S. Florrisant Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1411 N. Hanley Road 2
(If rural, give location)

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

3. (a) PRINT FULL NAME DeWARD MORGAN

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Julia Doris Henneman

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

7. Birth date of deceased 1 (Month) 12 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	10	23	hr. min.

9. Birthplace St. Louis County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Mfg. Representative

11. Industry or business

FATHER
12. Name Edward Morgan
13. Birthplace St. Louis, County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Belle Wright
15. Birthplace St. Louis County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Frank E. Wheeler
(b) Address 1411 N. Hanley Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander + Sons
(b) Address 6175 Delmar Boulevard

19. (a) DEC 11 1944 (Date received local registrar) (b) E. G. McGovern M.D. Cons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th
year 1944 hour ..... minute 9 P.M.

21. I hereby certify that I attended the deceased from 11-1-, 1938, to 12-5-, 1944
that I last saw him alive on 12-5-, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 5 or 6 years

Due to ~~[illegible]~~

Due to Arteriosclerosis — 1930

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

Major findings:
Of operations no
Of autopsy no

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 Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 12/6/44

(Licensed Embalmer's Statement on Reverse Side)

Dr R. Johnson 1 to 2 P. M.
40 N. Florissant
at 4 30

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 R. Fenwick

Licensed Embalmer No. 3793

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.