

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18730
Registrar's No. 4402

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 1/2 months
(Specify whether
in this community
years, months or days)

3. (a) PRINT FULL NAME Andy Morgan

3. (b) If veteran, name war None 3. (c) Social Security 492-03-7672

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Fizzie Morgan 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct 21 1982
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Mobile Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Include - Gas - Co

11. Industry or business Include - Gas - Co

12. Name Jeff. Morgan

13. Birthplace Miss
(State or foreign country)

14. Maiden name Martha

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

16. (a) Informant Hallie Cobb

(b) Address 3839 Coat Ave

17. (a) Burial (b) Date thereof 5-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director J. F. Bredack

(b) Address 1210 Patton St Louis

19. (a) MAY 16 1946 (b) Registrar's signature J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2123 Chestnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10-28 1946, to 5-13 1946,
that I last saw him alive on 5-13 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Far. Adv. Pulmonary Tuberculosis - history
4 mon

Due to 30%

Other conditions Latent Syphilis - history 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

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?

While at work? (Specify type of place)
(e) Means of injury 3rd Floor
23. Signature J. F. Bredack (M. D. or other)
Address 2601 N Whittier Date signed 5/15/46

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.