

FILED NOV 7 1946 318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **9223**

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:
2700 Lawton blvd
(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 years, months or days)

3. (a) PRINT FULL NAME Carrie Morgan

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

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

About 79 hr. min.

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

10. Usual occupation None worked

11. Industry or business

MOTHER FATHER { 12. Name John Grant

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

14. Maiden name Unknown

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

16. (a) Informant Lula Kelly

(b) Address 2700 Lawton blvd

17. (a) Burial (b) Date thereof 10-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 2620 14700 Washington Blvd.

19. (a) Oct 28 1946 (Date received local registration) J. F. Greaser (Registrar's signature)

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. 2700 Lawton blvd
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 26 year 1946 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1 - 1946 to Oct 26 - 1946.

That I last saw her alive on Oct 26 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Regurgitation (Duration 2 mo)

Due to Advanced stages of Aortic Hardening of Aortic

Due to _____

Other conditions Aortic (Dropsy)

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? _____

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

23. Signature L. E. Vincent (M. D. or other)
Address 2336 1/2 Market St Date signed 10-27-46

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

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..... *Black Yummy*
Licensed Embalmer No. *3371*
P. O. Address *St. Louis*

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.