

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35430**
Registrar's No. **9188**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Booth Memorial Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **four hours**
(Specify whether in hospital or institution)
In this community **4 hrs - 20 minutes**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **600**
(c) City or town **St. Louis** **2417**
(If outside city or town limits, write "RURAL")
(d) Street No. **923 Rear Withnell** **9**
(If rural, give location) **10**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Robert Morgan Jr #2**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **26**
year **1946** hour **6:05** minute **a** M.
21. I hereby certify that I attended the deceased from **11:50 a.m.** 19 **10/26/46** to **10/26/46 6:05 a.m.** 19 **10/26/46**
that I last saw him alive on **10/26/46 6:05 a.m.** 19 **10/26/46**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Oct 26, 1946**
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day **4 hr. 20 min.**

Immediate cause of death **Perforation, less than 6 mo & only about 2 1/2 weeks**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **St. Louis - 18 - Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
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MOTHER FATHER
11. Industry or business _____
12. Name **Robert Morgan**
13. Birthplace **Peoria, Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Virginia Kennon**
15. Birthplace **Peoria Co, Missouri**
(City, town, or county) (State or foreign country)
16. (a) Informant **Robert Morgan**
(b) Address **923 Rear Withnell**
17. (a) Burial **St. Hope Cemetery** **(b) Date thereof** **10/28/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Hope Cemetery**
18. (a) Signature of funeral director **J. F. Bradeck**
(b) Address **7730 Michigan Ave**
19. (a) OCT 28 1946 **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

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) _____
(c) Means of injury _____
23. Signature **J. F. Bradeck** (M. D. or other) _____
Address **7730 Michigan Ave** Date signed **10/28/46**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

W. J. ...
W. J. ...
W. J. ...