

No. 2
12-45
-17-39
X47070

FILED MAY 14 1947

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Pronounced out of Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
In this community **(25) Years** (Specify whether years, months or days)

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. **2836, Madison Street**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **U.S.S.**

3. (a) PRINT FULL NAME **Daniel James Morgan**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **489-12-9614**

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

6. (b) Name of husband or wife **Bessie Morgan** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **Dec. 9th 1899**
(Month) (Day) (Year)

8. AGE: Years **47** Months **4** Days **21** If less than one day hr. min.

9. Birthplace **Pine Bluff Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**
River Side Poltary Co

11. Industry or business **River Side Poltary Co**

12. Name **Dan Morgan**

13. Birthplace **So. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Anna Smith**

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

16. (a) Informant **Libertin Fitts**
(b) Address **2836 Madison Street**

17. (a) **Burial** (b) Date thereof **5/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **John H. Houston**
(b) Address **2834 Gamble Street**

19. (a) **MAY 5 1947** (b) **J. F. Prebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30th**
year **1947** hour **6** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **2** 19 **to** 19 **that I last saw h. alive on** 19 **and that death occurred on the date and hour stated above.**

Immediate cause of death **Cardiac dilatation**
Cardiac hypertrophy

Due to **95**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration
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

23. Signature **John H. Houston** (M. D. or other)
Address **2834 Gamble Street** Date signed **5/1/47**

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.....

James D. Phyllis

Licensed Embalmer No. *4841*

P. O. Address *3959 Cowden Ave.*

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.