. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17863

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4731

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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50yrs
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. 4056 Cote Brilliants
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ella Mae Morgan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femal 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Morgan

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

7. Birth date of deceased June (Month) 3 (Day) 1879 (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Charleston (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Preston Goodin
13. Birthplace Charleston (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Sarah A. Robinson
15. Birthplace Charleston (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Sarah A. Robinson (Mother
(b) Address 4056 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Ave

19. (a) MAY 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1948 hour 9:30 minute P.M.

21. I hereby certify that I attended the deceased from , 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 Fracture of left hip; Arteriosclerosis when she fell to the concrete walk in yard at her home on May 13, 1948 about 9:30 A.M. ACCIDENT

Due to

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) Accident

(b) Date of occurrence 5-13-1948

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury see above

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 5/22/48

(Licensed Embalmer's Statement on Reverse Side)

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 Jorge Pelis

Licensed Embalmer No. 4184

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.