

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1003

State File No. 10850
 3163

BIRTH NO. #110013		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 10850 3163
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>2119</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo 6</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i>		d. STREET ADDRESS (If rural, give location) <i>11 - 2400 Calumet St</i>		
3. NAME OF DECEASED (Type or Print)		a. (First) <i>JESSIE</i>	b. (Middle) <i>MORGAN</i>	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <i>April 2nd, 1950</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Sept. 22, 1885</i>	9. AGE (In years last birthday) <i>64</i>
10a. USUAL OCCUPATION (Worked at work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Paducah, Ky.</i>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>John Baker</i>		13b. MOTHER'S MAIDEN NAME <i>Mary (Bible) Morgan</i>	14. NAME OF HUSBAND OR WIFE <i>Carl Morgan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or date of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Carl Morgan</i> ADDRESS <i>1800 Calumet St</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Emboli to Brain</i>		DUE TO (b) <i>Origin unknown</i>		<i>30 min</i>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Squamous Cell Carcinoma of the Cervix</i>				<i>6 mo</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <i>332</i> (STATE)		
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) <i>11:30 am 4/29/50</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>3/29/50</i> , 19___, to <i>4/2/50</i> , 19___, that I last saw the deceased alive on <i>4/2/50</i> , 19___, and that death occurred at <i>3:00 am</i> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>John C. Crowe M.D.</i>		23b. ADDRESS <i>1515 Lafayette Ave.,</i>	23c. DATE SIGNED <i>4/3/50</i>	
23d. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Apr 5, 1950</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
DATE RECD BY LOCAL HEALTH DEPT. <i>4 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Sautter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. J. Quinn</i> ADDRESS <i>1389 Grand Blvd</i>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald C. Yabake

Licensed Embalmer No. 3917

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.