

S. No. 7300
V. 10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 77008

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3065 Registrar's No. 534

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St L</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glendale</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>65 TOWN Glendale</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>902 Dwyer Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>902 Dwyer Ave</u>		d. STREET ADDRESS (If rural, give location) <u>902 Dwyer Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>M.</u> c. (Last) <u>Morgan, Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 15-1913</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Francis M. Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Mora Woodsmall</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Morgan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY <u>489-03-7240</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Morgan</u> ADDRESS <u>902 Dwyer Ave</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>amyotrophic lateral sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE) <u>3561</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 January 1951 to 107 February 1951, that I last saw the deceased alive on 24 February 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph W. Welch, M.D.</u> (Degree or title)	23b. ADDRESS <u>607 N Grand, St Louis Mo</u>	23c. DATE SIGNED <u>27 Feb 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/1/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
DATE REC'D BY LOCAL REG. <u>2/27/51</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Bopp, Inc - Clayton</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

4001

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 O. Yahnke

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.