

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12052

State File No.

FILED APR 10
BIRTH NO. 25588

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3440

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

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>2069</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <i>St. Louis</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Infant</i> b. (Middle) <i>Morgan</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>3 - 29 - 53</i>	
5. SEX <i>3</i> <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 28, 1953</i>
9. AGE (In years last birthday) <i>0</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>9</i>	IF UNDER 24 HRS. Hours <i>9</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>William J. Morgan</i>	
13b. MOTHER'S MAIDEN NAME <i>Ruth Stubblefield</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>W. J. Morgan - 4959 Cote Brillante</i>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i> INTERVAL BETWEEN ONSET AND DEATH 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 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>776X</i>	
22. I hereby certify that I attended the deceased from <i>3-28-53</i> , to <i>3-29-53</i> , that I last saw the deceased alive on <i>3-29-53</i> , and that death occurred at <i>1:40A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. Newton Jenkins, M.D.</i> (Degree or title)		23b. ADDRESS <i>3507 Franklin Ave.</i>	23c. DATE SIGNED <i>3-31-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3-31-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
DATE REC'D BY LOCAL REG. <i>MAR 31 1953</i>	REGISTRAR'S SIGNATURE <i>J. Charles Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>English Urd. Co. - 1123 N. Taylor</i>	

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 Not Embalmed, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Virginia K. English

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.