

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16030**  
Registrar's No. **4443**

FILED MAY 14 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>22 days</b>	c. CITY OR TOWN <b>Raymondville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		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) <b>Vincen</b> b. (Middle) <b>Riley</b> c. (Last) <b>Morgan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>May 2, 1885</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jeweler</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Texas Co., Mo.</b>
13a. FATHER'S NAME <b>Green Morgan</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Keith</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
14. NAME OF HUSBAND OR WIFE <b>Edith</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.#1</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Goldie Archer, 6945 Bancroft Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Renal Artery Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Pulmonary Embolism</b> DUE TO (c) <b>Arteriosclerotic heart disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>		Several yrs.	
19a. DATE OF OPERATION <b>4/26/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gallstone and Renal Artery Thrombosis</b>		20. AUTOPSY? YES <input checked="" 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? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>4-6</b> , 19 <b>53</b> , to <b>4/28</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4/28</b> , 19 <b>53</b> , and that death occurred at <b>4:05P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>FR Bradley</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>4/29/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	24d. LOCATION (City, town, or county) (State) <b>Texas Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>APR 30 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No..... 4788

P. O. Address..... St. Louis, Mo

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.