

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

XC 1710 10 28
Reg. 112,909

No. 300
10.48

BIRTH MO. FILED OCT 9 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2543

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2209	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 38 Days		e. STREET ADDRESS (If rural, give location) 2947 CASS AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: VET. ADM. HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE	b. (Middle)	c. (Last) MORGAN	4. DATE OF DEATH (Month) (Day) (Year) 9/24/53
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5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8/12/92	9. AGE (In years) (last birthday) 61 YRS.	# UNDER 1 YEAR Months Days	# UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAILER	10b. KIND OF BUSINESS OR INDUSTRY WASTE PAPER	11. BIRTHPLACE (City and State or Foreign Country) HEIDELBURG, MISS.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME TUMP MORGAN	13b. MOTHER'S MAIDEN NAME IDA JUNE	14. NAME OF HUSBAND OR WIFE HENRIETTA MORGAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) YES	16. SOCIAL SECURITY NO. (If yes, give year of date of service) WORLD I 488-09-0238	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic Heart Disease		
	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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 023X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/17 ¹⁹⁵³, to 9/24 ¹⁹⁵³, that I last saw the deceased ~~on 9/24/53~~, and that death occurred at 3:45pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. A. ALLEN, M.D.	23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 9-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/29/53	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Brks. Mo.
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DATE REC'D BY LOCAL REG. 9/29/53	REGISTRAR'S SIGNATURE Herbert B. ...	25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry	ADDRESS 4202 Finney Ave.
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(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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin E. Lee*.....

Licensed Embalmer No. *442*.....

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