

STANDARD CERTIFICATE OF DEATH

State File No. **44389**
Registrar's No. **11155**

FILED DEC 16 1953

BIRTH NO. _____ 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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	
c. LENGTH OF STAY (In this place) 4 Hrs		d. STREET ADDRESS (If rural, give location) 253 Papin Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Emma		b. (Middle) M.	
c. (Last) Morgan		(Month) (Day) (Year) II-22-53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 27 1882
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME John Maeser		13b. MOTHER'S MAIDEN NAME Dora Fischer	
13c. NAME OF HUSBAND OR WIFE William (Deceased)		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Roy Sanders		ADDRESS 253 Papin Webster G.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the liver and common bile duct - hypernephroma right kidney (metastases)		INTERVAL BETWEEN ONSET AND DEATH 5 mos.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholelithiasis			
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 7/22/53		19b. MAJOR FINDINGS OF OPERATION Exploratory with cholecystectomy	
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)			
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? 156 ft			
22. I hereby certify that I attended the deceased from July 9, 1953 , to Nov. 22, 1953 , that I last saw the deceased alive on Nov. 22, 1953 , and that death occurred at 2:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. W. K. Kippel, M.D.		23b. ADDRESS 3701 Grandel Sq., St. Louis, Mo.	
23c. DATE SIGNED 11/23/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE II/25/53	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. NOV 24 1953		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher	
REGISTRAR'S SIGNATURE Charles Smith M.D.		ADDRESS 3013 Meramec	

(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 V E Morris

Licensed Embalmer No. 3360

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 this body is not embalmed, fact should be so stated above.