

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32043

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7975	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 3627 Hickory Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nooter Corp 1400 S 2nd St				d. STREET ADDRESS 3627 Hickory Street			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Tyrol		c. (Last) Morgan		4. DATE OF DEATH (Month) (Day) (Year) Aug 28 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan 27 1906	
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Nooter Corp		11. BIRTHPLACE (State or foreign country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William E. Morgan			13b. MOTHER'S MAIDEN NAME Emma Stiles			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes 2nd		16. SOCIAL SECURITY NO. 2nd		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul S. Morgan 3627 Hickory Street			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution, suffered when deceased came in contact with trolley wire while working at Nooter Corporation, 1400 So. 2nd St., about 11:45 P.M., Aug. 28, 1954. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) with trolley wire while working DUE TO (c) St. about 11:45 P.M., Aug. 28, 1954. II. OTHER SIGNIFICANT CONDITIONS Accident Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See above		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 28 54 1:45 P.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above 200 E 9143					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____:____ P. M., from the causes and on the date stated above. 10							
22a. SIGNATURE (Degree or title) James M. Kelly Deputy Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8/30/54	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/1/54		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Brks Missouri	
DATE REC'D BY LOCAL REG. AUG 30 1954		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE S.P.		ADDRESS Moydell Funeral Home 1926 Allen Av	

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

(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
Student Embalmer

Signed *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

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.