

FILED NOV 22 1954

XC-687 809  
SL-480THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39043

State File No. ....

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

10001

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. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>40 days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Veterans Administration Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>25 707 NORTH 6th STREET</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>LOUIS</b>		b. (Middle) <b>GEORGE</b>	
c. (Last) <b>MORGAN, SR.</b>		(Month) (Day) (Year) <b>11-2-54</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>1-10-1897</b>
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marion, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>John Morgan</b>	
13b. MOTHER'S MAIDEN NAME <b>Catherine Crump</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-I</b>		16. SOCIAL SECURITY NO. <b>413 14 8148</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP. RECORDS, 915 N. Grand, St. Louis, Mo</b>		ADDRESS	
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) <b>DIFFUSE CARCINOMATOSIS</b> INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> ANTECEDENT CAUSES DUE TO (b) <b>CARCINOMA OF AMPULLA OF WATER</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>ASCENDING CHOLANGITIS WITH MULTIPLE HEPATIC ABSCESSSES</b>	
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)	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) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>155X</b>	
22. I hereby certify that I attended the deceased from <b>9-23-54</b> , 19___, to <b>11-2-54</b> , <del>xxxxxx</del> , and that death occurred at <b>10:40a m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. F. Westphalinger M.D.</b>		23b. ADDRESS <b>VAH, 915 N. Grand, St. Louis, Mo.</b>	23c. DATE SIGNED <b>11-2-54</b>
24a. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>	24b. LOCATION (City, town, or county) (State) <b>Jeff. Brks. Mo.</b>	24c. DATE REC'D BY LOCAL REG. <b>NOV 4 1954</b>	
24d. REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	
24f. ADDRESS <b>6322 S. Grand Blvd., St. Louis, Mo.</b>			

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.....  
Signature of Student Embalmer

Signed *Said the Fossan*

Licensed Embalmer No. *124*

P. O. Address *6322 1/2 St*

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.