

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20568

FILED JUL 7 - 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1375

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Clayton</u>	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) <u>10 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>915 Concordia Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>915 Concordia Lane</u>			

3. NAME OF DECEASED (Type or Print) <u>DONALD</u>	a. (First)	b. (Middle) <u>J</u>	c. (Last) <u>MORGAN.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 25, 1897</u>	9. AGE (In years last birthday) <u>58</u>	10. F UNDER 1 YEAR Months	11. F UNDER 1 YEAR Days	12. F UNDER 1 HRS. Hours	13. F UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Dept. (Repairman)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bell Telephone Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Canadian (I.T.) Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John J. Morgan.</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Collins.</u>	14. NAME OF HUSBAND OR WIFE <u>Lynn Morgan.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I (NAVY)</u>	16. SOCIAL SECURITY NO. <u>492-07-6709</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lynn Morgan; 915 Concordia Lane</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the lung, metastatic</u>		<u>6 mos.</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic bronchitis + bronchiectasis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>165x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 June 9, 1955, to June 16, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>David Kafe Kerr MD</u> (Degree or title)	23b. ADDRESS <u>4500 Olive, St. Louis 8.</u>	23c. DATE SIGNED <u>6/16/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/16/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Conkle M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons; 7233 Delmar Blvd.,</u>
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(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.....
Signature of Student Embalmer

Signed *Clarence A. Murray*.....

Licensed Embalmer No. *4011*

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.