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FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31257

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8084

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 9
c. CITY OR TOWN: St. Louis 9
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3 1/2 Rear Convent St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Morgan

4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 55

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 8-7-1900
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pension
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Philadelphia, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Tilda Morgan
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: Pearline Jones — **ADDRESS**: 1426 Papin St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Fracture of Skull; 2. Subdural Hemorrhage; when found dead on parking lot

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) at #411 So. Broadway, on Aug. 31st, 1955, about 7:15 A.M.; CAUSE AND MANNER

DUE TO (c) OF SAME COULD NOT BE DETERMINED

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* OPEN VERDICT

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E 904.8
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Open Verdict
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): 47 St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-31-55 7:15A
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: See Above

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 7:15A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: 1300 Chouteau
23c. DATE SIGNED: 9/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-16-1955
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Bks. Mo.

DATE REC'D BY LOCAL REG.: SEP 14 1955
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Gus Lobe — ADDRESS: 2930 Dickson
(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Leroy U. Bannis...

Licensed Embalmer No..45..

P. O. Address..3880 E...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.