

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38652**
Registrar's No. **9679**

FILED NOV 18 1955

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 Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 29	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Phillips Hosp		STREET ADDRESS (If rural, give location) 22 1533 Lovejoy Lane			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Morgan c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov 2 1955			
5. SEX Male 6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH 14 June 1894 '61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.	
11. BIRTHPLACE (City and State or Foreign Country) Brookville Miss		12. COUNTRY OF BIRTH U.S.			
13a. FATHER'S NAME Frank Morgan		13b. MOTHER'S MAIDEN NAME Mable Rogers		14. NAME OF HUSBAND OR WIFE Lizzie Morgan	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Year or unknown) Yes World War I		16. SOCIAL SECURITY NO. 492-12818		17. INFORMANT'S SIGNATURE OR NAME Lizzie Morgan ADDRESS 1533 Lovejoy Lane	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post Operative Hemorrhage during Calectomy operation at St Louis S. Phillips Hospital about 4:30 p.m., ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) at St Louis S. Phillips Hospital about 4:30 p.m., DUE TO (c) November 2 1955. II. OTHER SIGNIFICANT CONDITIONS November 2 1955. Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9367 Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Shop		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 2 55 4:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? acc	
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 4:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. [Signature]		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/4/55	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		24b. NAME OF CEMETERY OR CREMATORY St Louis National Cemetery		24c. LOCATION (City, town, or county) St Louis Mo	
DATE REC'D BY LOCAL REG. NOV 7 1955		REGISTRAR'S SIGNATURE Carl Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funeral Svs 1221 No Taylor ADDRESS	

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 *Paul V. Freeman*.....

Licensed Embalmer No. *468*

P. O. Address *4729th*

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.