

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1958

58-007595
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1673

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, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp. Length of stay in lb 5 days		d. STREET ADDRESS (If outside, give location) 4428 Penrose St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Last Morgan		4. DATE OF DEATH Month 2 Day 11 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 13, 1882
9. AGE (In years less birthday) 75		10. FUNDING YEAR	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Evansville, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Goepfert	
13b. MOTHER'S MAIDEN NAME Eva Drullinger		14. NAME OF HUSBAND OR WIFE Charles L. Morgan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Charles L. Morgan, 4428 Penrose St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Posterior myocardial infarction</i> DUE TO (b) <i>Arteriosclerosis, generalized</i> DUE TO (c) <i>Fracture of rt. hip.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture of rt. hip.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2-3 (acute)</i> <i>indefinite</i>
19a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fell going into bathroom.</i>	
20c. TIME OF INJURY 9:30 a.m. Month, Day, Year 2-6-58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Bathroom, home.</i>		20f. CITY, TOWN OR LOCATION COUNTY STATE <i>St. Louis Mo.</i>	
21. I attended the deceased from <i>October 4, 1956</i> to <i>February 11, 1958</i> and last saw her alive on <i>Febr. 10, 1958</i> Death occurred at <i>1:30</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Russel Super Speed, M.D.</i>		22b. ADDRESS <i>4110 West Florissant Ave.</i>	
22c. DATE SIGNED <i>Febr. 11, 1958</i>		22d. COUNTY STATE <i>Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/13/58	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR Drehmann-Harral		25. DATE RECD. BY LOCAL REG. FEB 13 '58	
26. REGISTERAR'S SIGNATURE <i>J. Carl Smith Mo</i>		26. REGISTERAR'S SIGNATURE <i>m & a</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. G. Russell AufderHelde
4110 W. Florissant
Ev. 3-6818

Hrs. until 5 PM Tues.

Ring buzzer

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address

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.