

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024103
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1788

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ladue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ladue, 44310
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #62 Clermont Lane		Length of stay in lb YRS.	d. STREET ADDRESS #62 Clermont Lane
3. NAME OF DECEASED (Type or print) First Middle Last JOHN A. MORGAN			4. DATE OF DEATH July 4, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1895
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Morgan & Wightman Supply	11. BIRTHPLACE (City and state or country) Belleville, Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Morgan & Wightman Supply		10b. KIND OF BUSINESS OR INDUSTRY Supply	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John A. Morgan		13b. MOTHER'S MAIDEN NAME Emma Faulstick	14. NAME OF HUSBAND OR WIFE Helen Morgan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 494-03-2563	17. INFORMANT Address Helen Morgan-#62 Clermont Lane.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardio vas. dis			Years
DUE TO (c) 4801			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, mild			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Dec 26, 1952 to July 4, 58 and last saw him alive on July 1, 1958 . Death occurred at 10:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Burke C. O.		22b. ADDRESS 508 N. Grand.	22c. DATE SIGNED July 7, 58
23a. BURIAL, CREMATION, REMOVAL (specify) Burial		23b. DATE July 7, 1958	23c. NAME OF CEMETERY OR CREMATORY New St Marcus Cem.
23d. LOCATION (City, town, or county) St. Louis Co., Mo.		23e. (State)	
24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. 7-7-58	26. REGISTRAR'S SIGNATURE Herbert R. Donahue M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Richard W. Stovner*

Licensed Embalmer No. 4007

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.