URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042280

STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9895

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 1 1/2 months

c. CITY OR TOWN Glaggow Village — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 10305 Galloway Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Alexander Middle: Last: Morgan

4. DATE OF DEATH Month Day Year: October 26, 1959

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-1-1893

9. AGE (last birthday): 66

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Wax Engraver

10b. KIND OF BUSINESS OR INDUSTRY: Reinert Priesler Electro Type Co.

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Morgan

13b. MOTHER'S MAIDEN NAME: Sarah Taylor

14. NAME OF HUSBAND OR WIFE: Margaret Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 492-05-4785

17. INFORMANT: Mrs. Margaret Morgan Address: 10305 Galloway Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma Metastasis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Adenocarcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 5 1/2 Years.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition and Dementia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 1954 to 10-26-59 and last saw ~~her~~ him alive on 10-26-59

Death occurred at 9:20 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Norman G. James (Degree or title) M.D.

22b. ADDRESS: 8321 N. Broadway (15)

22c. DATE SIGNED: 10-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 10-29-59

23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc. 2161 E. Fair Ave

25. DATE RECD. BY LOCAL REG.: OCT 28 1959

26. REGISTRAR'S SIGNATURE: Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 373

P. O. Address St. Louis

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