

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
FILED VS JAN 11 1961

12107-60-047771
 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 Month	c. CITY OR TOWN E. 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. Mary's Infirmary		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1221 So. 13th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Geneva Morgan			4. DATE OF DEATH Month Dec. Day 14 Year 1960		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1915	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Addisonville, Alabama		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lockett Hill		13b. MOTHER'S MAIDEN NAME Blanche ?		14. NAME OF HUSBAND OR WIFE Clifton Morgan, Jr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 340-26-9727		17. INFORMANT Address Clifton Morgan 1221 So. 13th	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: **generalized carcinomatosis**
 IMMEDIATE CAUSE (a) **Generalized carcinomatosis with cachexia & anemia**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **sarcoma of bladder**
 DUE TO (c) **Bladder**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **181-0**

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 **11/20/60** to **12/4/60** and last saw her/him alive on **12/4/60**
 Death occurred at **6:45 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Edgar F. Woodson** (Degree or title) **M.D.**

22b. ADDRESS **E. St. Louis, Ill.**

22c. DATE SIGNED **12/16/60**

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE **12-17-60**

23c. NAME OF CEMETERY OR CREMATORY
Booker Washington

23d. LOCATION (City, town, or county) (State)
Centerville, Illinois

24. FUNERAL DIRECTOR ADDRESS
Mark Funeral Home, 111 N. 13th

25. DATE RECD. BY LOCAL REG.
DEC 17 1960

26. REGISTRAR'S SIGNATURE
Paul Smith M.D.

DOCUMENT

MEDICAL CERTIFICATION

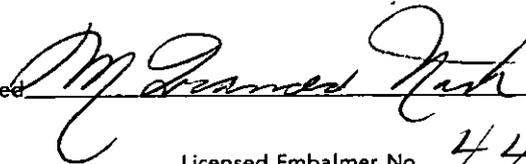
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4434

P. O. Address 111 N. 13th

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.