SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022949
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6099

FILED JUL 7 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1014 So. Ewing
Reside on Farm Yes ☐ No ☐

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

4. DATE OF DEATH Month 6/28/61 Day Year

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Abt. 1913

9. AGE (last birthday) Abt. 48

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) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Little Rock, Ark

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

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown.

14. NAME OF HUSBAND OR WIFE Edward Morgan

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

16. SOCIAL SECURITY NO. —

17. INFORMANT Edward Morgan Address 1014 So. Ewing

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) Probable CVA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Dehydration + malnutrition + infection
DUE TO (c) Post op. esophago-pleuro-cutaneous fistula
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 539.1
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 3-21-61, to 6-28-61 and last saw her/him alive on 6-28-61
Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R O Stair (Degree or title) MD

22b. ADDRESS 1515 Lafayette Ave

22c. DATE SIGNED 6/28/61

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

23b. DATE 7-1-61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Pine Bluff (State) Ark.

24. FUNERAL DIRECTOR Gordon-English ADDRESS 1123 N. Taylor

25. DATE RECD. BY LOCAL REG. JUN 30 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed N. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Jay

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