ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027142
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6980

FILED AUG 3 1961

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 — Length of stay in 1b Life

c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.John's Hospital — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 4540 Lindell Blvd. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Reverend Middle John Richard Last Morgan

4. DATE OF DEATH Month July Day 25th., Year 1961

5. SEX M.

6. COLOR OR RACE W.

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 8/5/1882

9. AGE (last birthday) 78 — 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) Cathloic Priest

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John R.Morgan

13b. MOTHER'S MAIDEN NAME Elizabeth Freise

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War # 1

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mr.Daniel Morgan, 5552 Emerson Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 wk.

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

DUE TO (b) Cerebral Arteriosclerosis — 1 yr

DUE TO (c) Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Hypertrophic Emphysema

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 332X

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 July 20-'61, to July 25, '61 and last saw ~~her~~ him alive on July 25, 1961

Death occurred at 8:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alphonse McMahon, MD

22b. ADDRESS 634 N. Grand Blvd

22c. DATE SIGNED 7-27-61

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

23b. DATE 7/28/1961

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

24. FUNERAL DIRECTOR Richard J. Donnelly — ADDRESS 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. JUL 27 1961

26. REGISTRAR'S SIGNATURE Earl Smith MD

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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_____ Signed Francis Williams

Signature of Student Embalmer

Licensed Embalmer No. 3565

P. O. Address 3840 Linde

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.