

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4716
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Central Hospital** Registered No. **1361**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary M. Morgan 62.5
 (a) Residence, No. **5653 Vernon** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Albert E. Morgan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 4, 1866**

7. AGE YEARS **71** MONTHS **3** DAYS **0** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Pike Co.** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Archibald Matson**

14. BIRTHPLACE (CITY OR TOWN) **Pike Co.** (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Amanda S. Bowen**

16. BIRTHPLACE (CITY OR TOWN) **Pike Co.** (STATE OR COUNTRY) **Missouri.**

17. INFORMANT **Albert E. Morgan** (ADDRESS) **6600 Washington Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Feb 7 1938**

19. FUNERAL DIRECTOR **Shepard Funeral Home** (ADDRESS) **1167 Hamilton Avenue.**

20. FILED **FEB 7 1938** **J. F. Buddick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 4 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 20**, 19**38**, to **Feb 4**, 19**38**.
 I last saw him alive on **Feb 4**, 19**38**. Death is said to have occurred on the date stated above, at **8:30 P. M.**
 The principal cause of death and related causes of importance were as follows:

Diabetic Gangrene of left leg in stump followed amputation
 Date of onset
 Other contributory causes of importance: **54**

Name of operation **Amputation** Date of **Jan 15-38**
 What test confirmed diagnosis **clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify
 (Signed) **J. F. Buddick** M. D.
 (Address) **4519 Washington Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 6 1949

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Merle Shepard*

Licensed Embalmer No. *3555*

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.)