

DECE JAN 11 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

40787  
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003  
(b) Township..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 3201 Gravois St. 10479  
(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

Emma Morgan  
(a) Residence, No. RFD. Arnold, Missouri St. NR Kimmswick, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Cameron L. Morgan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1894  
7. AGE YEARS 44 MONTHS 5 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Antonia, Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME John Neargot  
14. BIRTHPLACE (CITY OR TOWN) Jefferson Co. Mo.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rose Metts

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Cameron L. Morgan  
(ADDRESS) RFD. Kimmswick, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Missouri Creamatory Dec. 6 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.  
(ADDRESS) 7814 S. Broadway

20. FILED DEC 5 1938 J. D. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 19 38

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... Death is said to have occurred on the date stated above, at 8:25 P M.

The principal cause of death and related causes of importance were as follows:

Acute non-specific aortic stenosis  
Chronic Myocarditis  
Date of onset

Other contributory causes of importance:

Name of operation Q2A Date of

What test confirmed diagnosis? Was there an autopsy? yes

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? 4  
If so, specify

(Signed) W. H. Perry M.D.  
(Address) Kimmswick, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

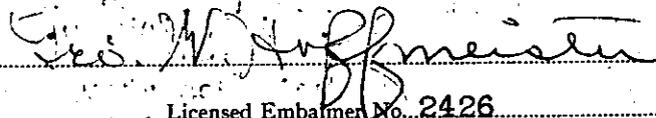
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. L. C. Hoffmeister

No. 3871 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 2426

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.)