

20 1939

REC'D MAY 11 1939

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

16168

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Jefferson Primary Registration District No. 617
(c) City Webster Groves (d) Street No. 146 S. Gray Registered No. 709
(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 18 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME KATE BARRON MORGAN

(a) Residence, No. 146 S. Gray St. (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 Widow
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Charles B. Morgan
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 17

OCCUPATION 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) St. Louis
(STATE OR COUNTRY) Missouri13. NAME James L. Barron14. BIRTHPLACE (CITY OR TOWN) Philadelphia
(STATE OR COUNTRY)15. MAIDEN NAME Esther Price16. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)17. INFORMANT 1111 ...
(ADDRESS) 1618 ...18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE April 20, 193919. FUNERAL DIRECTOR (NAME) Parker Ford
(ADDRESS) Webster Groves Mo20. FILED APR 20 1939 J. R. Meyer, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 193922. I HEREBY CERTIFY, That I attended deceased from April 16th, 1939, to April 17th, 1939

I last saw her alive on April 15, 1939. Death is said to have occurred on the date stated above, at 12 1/2 a. m.

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

Cerebral hemorrhage Date of onset 8/2

Other contributory causes of importance:

Name of operation none Date of -
What test confirmed diagnosis? Physical Exam 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 none
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify -
(Signed) W. Alexander Smith, M.D.
(Address) Webster Groves Mo

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Orvin B. Lang*

Licensed Embalmer No. *1581*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.