

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

JUL 12 1939

791  
1008

State File No. \_\_\_\_\_

5813

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hosp. #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 hours  
(Specify whether  
In this community 1 1/2 hours  
years, months or days)

3. (a) PRINT FULL NAME Baby Morgan  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 20 1939  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 12 1/2 hr. min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business nil

MOTHER FATHER  
12. Name Unknown 9  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Loretta Morgan  
15. Birthplace Hornbeak Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alfred J. Perry  
(b) Address 1300 Clark Ave

17. (a) Removal (b) Date thereof 6-30-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hornbeak Tenn

18. (a) Signature of funeral director W. A. Brown  
(b) Address 2117 E. Grand

19. (a) JUN 30 1939 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis Mo 2nd 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4030 No. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1939 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above

Immediate cause of death: Premature Birth due to a 3rd trimester abortion Duration \_\_\_\_\_  
Due to premature at the hands of a nurse  
Due to myrtle barouch if time unknown  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 175 B  
Underline the cause to which death should be charged statistically. o

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)  
23. Signature Alfred J. Perry (M.D. or other)  
Address Deputy Coroner Date signed 6/29/39

*M embalmed*

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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