SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27270

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7166

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5411 Devonshire Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Virginia Florence Morgan 1.25

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph S. Morgan

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 28, 1885 (Month) (Day) (Year)

8. AGE: Years 55 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Barton

13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace " 4 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph S. Morgan

(b) Address 5411 Devonshire Ave

17. (a) Sunset Burial Park (Burial, cremation, or removal) (b) Date thereof 8-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser

(b) Address 4338 S. Kingshighway

19. (a) AUG 24 1940 (Date received local registrar) (b) J. H. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1940 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from August 13, 1940, to August 23, 1940; that I last saw her alive on August 23, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	
Due to Carcinoma breasts bilateral	
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma breast Schirrus type
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-30 I X19511

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

[illegible]

[illegible]

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.