

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8343**

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

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(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:  
4558 St. Ferdinand St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** James M. Morgan  
**3. (b) If veteran,** name war None  
**3. (c) Social Security No.** 491-16-7984

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Mrs. Sally Morgan  
**6. (c) Age of husband or wife if alive** 69 years  
**7. Birth date of deceased** April 26th, 1867  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Lake City, Fla.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Insurance Agent

**11. Industry or business** \_\_\_\_\_  
**12. Name** Unknown  
**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Unknown  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Clara Cecil  
**(b) Address** 4558 St Ferdinand

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** Oct. 8th/40  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Lake Charles Cem.

**18. (a) Signature of funeral director** Kraeger-Voss-Fix, Inc.  
**(b) Address** 3402 N. Kingshighway

**19. (a) OCT 7 1940** (Date received local registrar) **(b)** J. B. Budick (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4558 St. Ferdinand  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct. 5th day \_\_\_\_\_  
year 1940 hour 1.30 minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from** Sept 22 1940 to Oct. 5 1940  
that I last saw him alive on Oct. 5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death angina pectoris

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
**23. Signature** H. F. Bergman (M. D. or other) M.D.  
Address 272 Washington Date signed 10/7/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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

*Guy W Wilkinson*

Licensed Embalmer No.....

357

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.**