

FEB 14 1941
Registration District No. 784

Primary Registration District No. 115

Registrar's No. 126

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(c) Name of hospital or institution:
Christian Old Peoples' Home 2
(d) Length of stay: In hospital or institution three years
In this community Yes, three years.

3. (a) PRINT FULL NAME Albert Edwin 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, Widower
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June Third 1849

8. AGE: Years 91 Months 7 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen D. Morgan
13. Birthplace St. Louis Mo.
14. Maiden name Emma Wright
15. Birthplace Unknown

16. (a) Informant's own signature Mary T. Craig
(b) Address 6600 Washington Ave.

17. (a) Burial (b) Date thereof Jan 20, 1941
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Ave.

19. (a) JAN 20 1941 (b) L. K. Meyer M.D. City PH.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 6600 Washington Ave.
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 17th.
year 1941 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec 26, 1940, to Jan 12, 1941;
that I last saw him alive on Jan 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 16 days

Due to acute cold

Due to _____
Other conditions Smoking
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____
(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 J. P. Myers (M. D. or other) 0
Address 605 N. Grand St. Date signed 1-17-41

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.

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..... *W. Ford G. Burnley*
.....
Licensed Embalmer No..... *4202*.....

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.