

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16472

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3990**

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Wm. E Morgan *Thorn*

8. (b) If veteran, name war NO 3. (c) Social Security No. none

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 April 29, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>12</u>	hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name Douglas Morgan

13. Birthplace Winston Salem, N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Hilton

15. Birthplace Winston Salem, N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Douglas Morgan

(b) Address 3625 Folsom

17. (a) Burial (b) Date thereof May 12, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Thos J. ...

(b) Address 1519 South Grand

19. (a) MAY 12 1941 (b) J. H. ...
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town St. Louis
(If outside city or town limit write "RURAL")

(d) Street No. 3625 Folsom
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 to
year 1941 hour 6 minute 40 AM.

21. I hereby certify that I attended the deceased from April 28th
1941 to May 10th, 1941.

that I last saw him alive on May 10th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Clyde E. ... (M. D. or other) 4/10
Address 628 ... Date signed 5/12/41

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

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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.....

No. Embalming....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Thos J. Linder*

Licensed Embalmer No. *1197*

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.