

## STANDARD CERTIFICATE OF DEATH

State File No.

29739

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

7077

## 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:  
3915 Bowen 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 William Morgan

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male ( / ) 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased Oct. 14 1882  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 10 17 hr. min.

9. Birthplace St. Louis ( / ) Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Engraving Business

## 11. Industry or business.....

- MOTHER FATHER { 12. Name William Morgan Sr.  
 13. Birthplace St. Louis ( / ) Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Taylor  
 15. Birthplace England  
 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Morgan  
 (b) Address 3915 Bowen  
 17. (a) Burial (b) Date thereof 9-2-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation New St. Marcus  
 18. (a) Signature of funeral director Mr. Schreiber  
 (b) Address 3013 Meramec St.  
 19. (a) SEP 2 1941 (b) J. Bedeck  
 (Date received local registrar) (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 limits, write "RURAL")  
 (d) Street No. 3915 Bowen St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 (If yes, name country) Not Attending Physician

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30  
 year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
 that I last saw h..... alive on ..... 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Apoplexy  
 Due to.....  
 Due to.....

Other conditions.....  
 (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?..... (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) (c) Means of injury

23. Signature Thomas Callahan (M. D. or other)  
 Address Deputy Coroner Date signed 9/2/41

**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.....

*Clarence Kochow*

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Clarence Kochow*

Licensed Embalmer No. ....

*3093*

P. O. Address

*3013 Mer*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**