

Registration District No. 791 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Christian Hospital
(d) Length of stay: In hospital or institution Since Birth
In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4547a Athlone Avenue
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME CHARLES EDWARD MORGAN, JR

3. (b) If veteran, name war None 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 5, 1942

8. AGE: Years Months Days If less than one day

9. Birthplace St. Louis Missouri

10. Usual occupation Child

11. Industry or business

12. Name Rev. Charles E. Morgan, Sr
13. Birthplace St. Louis, Mo.
14. Maiden name Helen Schaefer
15. Birthplace Belleville Illinois

16. (a) Informant Rev. Chas. E. Morgan, Sr
(b) Address 4547a Athlone Avenue

17. (a) Burial (b) Date thereof 4/28/42

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) APR 27 1942 (b) J. F. Bradlock

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1942 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from 4-5-42 that I last saw him alive on 4/25 and that death occurred on the date and hour stated above.

Immediate cause of death: Total Peritonitis - Bronchial pneumonia

Due to 107
Due to 107

Other conditions: (Include pregnancy within 3 months of death) 107

Major findings: Of operations Peritonitis - Bronchial pneumonia

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?

23. Signature Paul W. Chapman (M. D. or other) Address 3518 Dodier Date signed 4/27/42

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

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

MOTHER FATHER

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 *William G. Bushholz*

Licensed Embalmer No. *2110 J*

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, fact should be so stated above.