6. No. 2
—1-4-41
5-17-39
1 X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1943 18

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23294

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 6774

1. PLACE OF DEATH:

(a) County: St. Louis,

(b) City or town: ____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 months (Specify whether years, months or days)

In this community: ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ____

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 2205a Mullanphy Street (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Hannah Morgan

3. (b) If veteran, name war: -

3. (c) Social Security No.: -

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, divorced: Widowed

6. (b) Name of husband or wife: Norman Morgan Sr.

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: December (Month) 25 (Day) 1877 (Year)

8. AGE: Years 65 | Months 6 | Days 29 | If less than one day: ____ hr. ____ min.

9. Birthplace: Oakville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Asa Morgan
13. Birthplace: ? (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: ?
15. Birthplace: ? (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Glen Morgan
(b) Address: 2205a Mullanphy Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: General Funeral Home Inc.
(b) Address: 2233 University Street

19. (a) JUL 27 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1943 hour 8 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: Fracture of Right femur; Arterio-sclerosis; when she fell to the floor

Due to: while walking through the hall at City Sanitarium, on July 17th, 19

Due to: 1943, about 10:00 A.M.

Other conditions (Include pregnancy within 3 months of death): No

Major findings:
Of operations: No
Of autopsy: No

Duration

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): Accident
(b) Date of occurrence: July 17, 1943
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Alfred J. Perry M.D. (M. D. or other)
Address: Deputy Coroner Date signed: 7/27/43

(Licensed Embalmer's Statement on Reverse Side)

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 Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Mo

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.