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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 12132

Registration District No. 311 Primary Registration District No. 6076 Registrar's No. 732

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 88 Days (Specify whether
In this community 88 DAYS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State MO (b) County 17

(c) City or town ST. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3705 North 9th
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME GEORGE Al. MORGAN

3. (b) If veteran, name war

3. (c) Social Security No. 499-03-3635

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mrs. ANN MORGAN

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Feb (Month) 12 (Day) 1913 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| 31 | 31 | 1 | 10 | hr. min. |

9. Birthplace Alvia (City, town, or county) Iowa (State or foreign country) /

10. Usual occupation MACHINE OPERATOR

11. Industry or business

FATHER
12. Name GEORGE MORGAN
13. Birthplace KIRKSVILLE (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name DAISY CLIFTON
15. Birthplace MO (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Ann Morgan

(b) Address Patient 3705 Nort9th St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 25/44 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director Thornbutis & Son

(b) Address 2906 Gravois Ave

19. (a) MAR 27 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MARCH day 22 year 1944 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from DECEMBER 24, 1943 to MARCH 22, 1944 that I last saw him alive on MARCH 22, 1944 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pul. Tuberculosis | 4 YRS ? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

1361

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul M. Turbeville (M. D. or other)

Address Koch MO Date signed 3-23-44

(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 David Van Forman.

Licensed Embalmer No. 4242

P. O. Address 2906 Garrison

**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.**