

FILED APR 20 1944

1003

State File No. _____

Registrar's No. 3213

Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution: ST LUKES HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST LOUIS 1712
(If outside city or town limits, write "RURAL")

(d) Street No. 716 BELT AVE
(If rural, give location) 9

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

If yes, name country 0

3. (a) PRINT FULL NAME AWALD EDWARD MORGAN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BLANCHE MORGAN 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased SEPT 11 1980
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 4
year 1944 hour 9 minute 04 P.M.

21. I hereby certify that I attended the deceased from april 27
1943 to april 4 1944
that I last saw him alive on april 4 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

10. Usual occupation BARBER

Immediate cause of death acute pericarditis Duration 1 week

Due to Chronic pericarditis and Myocarditis 15 years

Due to 92 years

Other conditions acute steatitis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN MORGAN

{ 13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name HENRIETTA RODEHAUPT

{ 15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy confirmed diagnosis

16. (a) Informant John Blanche Morgan

(b) Address 716 Belt Ave

17. (a) BURIAL (b) Date thereof APRIL 6 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PK CEM

18. (a) Signature of funeral director Mullen mull

(b) Address 5165 Deligan Bl

19. (a) APR 8 1944 (b) J. F. Bridgick
(Date received local registrar) (Registrar's signature)

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 Her Newman (M. D. or other) _____
Address 3220 Washington Date signed 4-5-44

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.