

S. No. 2
DM-5-43
v. 5-17-39
I X36671

24785
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13134

FILED MAY 2 1944 318
Registration District No.

Primary Registration District No.

1003

Registrar's No. 3730

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 10 days
In this community..... Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 2213 a Mullamphy St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Norman Morgan

3. (b) If veteran, name war.....
3. (c) Social Security..... 497-01-4143

4. Sex..... Male
5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Ann Morgan
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... March 27th, 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 0 20 hr. min.

9. Birthplace..... St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Day Watchman

11. Industry or business..... Brown Shoe Co.

12. Name..... Norman

13. Birthplace..... Illinois
(City, town, or county) (State or foreign country)

14. Maiden name..... Ann Morgan

15. Birthplace..... Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant..... Ann Morgan

(b) Address..... 2213a Mullamphy Str.

17. (a) Burial (b) Date thereof..... 4-24-44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Central Und. Co
(b) Address..... 1841 Cass ave

19. (a) APR 22 1944 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 20th
year..... 1944 hour..... 6:20 minute..... P. M.

21. I hereby certify that I attended the deceased from..... April 10th
19..... 44 to..... April 20th 19..... 44
that I last saw h. im alive on..... April 20th 19..... 44
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Rheumatic heart disease

Due to.....
Embolicism

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... Refusal

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)
(2) Means of injury.....

23. Signature..... May Fisher (M. D. or other)
Address..... 1515 Daryette Date signed..... 4/21/44

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 *John Agorochi*
Licensed Embalmer No. *3398*
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.