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7-39
K36871

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

FILED JUL 22 1948
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5935**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital 1
(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

3. (a) PRINT FULL NAME **MORGAN, VERNIA LEE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **702-09-4465**

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

6. (b) Name of husband or wife **M. Ellen Lingle** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **December 4, 1892**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 28 hr. min.

9. Birthplace **Greenway, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Freight Agent, St. L & SW RR**

11. Industry or business **Railroad**

MOTHER FATHER

12. Name **Joseph Morgan**

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

14. Maiden name **Jenny Wheeler**

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

16. (a) Informant **Dr. V. E. Morgan**

(b) Address **3312 West 11th St. Little Rock, Ark.**

17. (a) **Burial** (b) Date thereof **July 3, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pine Bluff, Arkansas**

18. (a) Signature of funeral director **Robert J. Armbruster**

(b) Address **6633 Clayton Road**

19. (a) **JUL 2 1948** (b) **J. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Richmond Heights 17k**
(If outside city or town limits, write "RURAL")
(d) Street No. **7324 Bruno**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2**
year **1948** hour **12** minute **45** A.M.

21. I hereby certify that I attended the deceased from **June 28, 1948** to **July 2, 1948**
that I last saw him alive on **July 2, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular accident**

Duration **5 hrs.**

Due to **Acute myelogenous leukemia** months

Due to _____

Other conditions **74a**
(Include pregnancy within 3 months of death)

Major findings: **no operation**

Of operations _____
Of autopsy **None**

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?

While at work? _____ (Specify type of place)
(c) Means of injury **D**

23. Signature **H. Baumgarten Jr.** (M. D. or other) **MD**
Address **3720 Washington** Date signed **7-2-48**

JUL 21 1946

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 *Ernest W. Spiller*

Licensed Embalmer No. *4050*

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.