No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34498

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8743

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

**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 718 So 4th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 20 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County aaa
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 718 So 4th Street 9
(If rural, give location)
(e) Citizen of foreign country? 22 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME George A. Morgan

3. (b) If veteran, name war No

3. (c) Social Security No. 487-14-3428

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Florence Morgan

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

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years about 68 | Months | Days | If less than one day hr. min.

9. Birthplace Columbia Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Morgan
(b) Address 718 So 4th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-48
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und
(b) Address 2726 Lucas Ave

19. (a) OCT 8 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day oct
year 1948 hour 5 minute 20 P. 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.

| | Duration |
|---|---|
| Immediate cause of death | |
| Cardio Vascular | |
| Due to Renal Disease | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 2

23. Signature Patrick E Lay Car Dep Car (M. D. or other)
Address 1300 Clark Date signed 10-8-48

(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 Theodore T Yandell

Licensed Embalmer No. 42403

P. O. Address 14 Raymire St

**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.**