

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

FILED APR 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11414

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 791	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. LENGTH OF STAY (in this place) <u>YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>33 TOWN University City</u>		d. STREET ADDRESS (If rural, give location) <u>863 West Gate</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>863 West Gate</u>				d. STREET ADDRESS (If rural, give location) <u>863 West Gate</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LORRENE</u> b. (Middle) <u>MORGAN</u> c. (Last) <u>MORGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 26 50</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>MAR 30, 1890</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR <u>11</u> Months	# UNDER 24 HOURS <u>24</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janetress</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Keloland Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Fox</u>			13b. MOTHER'S MAIDEN NAME <u>Mildred</u>		14. NAME OF HUSBAND OR WIFE <u>George Morgan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-30176</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Morgan</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cause unknown</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>795b</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert P. Blouke</u> (Degree or title) Local Registrar of Vital Statistics				23b. ADDRESS <u>651 South Brentwood Boulevard</u>		23c. DATE SIGNED <u>3/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co</u>		
DATE RECEIVED BY LOCAL REG. <u>MAR 27 1950</u>		REGISTRAR'S SIGNATURE <u>Robert P. Blouke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Jones</u> ADDRESS <u>1221 N. Grand</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision,

Student
Student Embalmer

Signed Clarence C. Brown

Licensed Embalmer No. 4755

P. O. Address 1221 20th Street

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.