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| BIRTH NO. 45067-50 | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 6421 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2269 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | | | g. STREET ADDRESS (If rural, give location) 3323 No. 9th St., 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) MORGAN | | | 4. DATE OF DEATH (Month) (Day) (Year) July 25th, 1950 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn 12 | | 8. DATE OF BIRTH July 25th, 1950 | | 9. AGE (In years last birthday) OF UNDER 1 YEAR Months Days OF UNDER 1 WEEK Hours Min. 3 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Louis City Hospital #1. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME William Morgan | | | 13b. MOTHER'S MAIDEN NAME Patricia Morgan | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Morgan 3323 N. 9th, St | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs 6 1/2 Mm |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., at 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 7:05 | | | |
| 22. I hereby certify that I attended the deceased from 7/25/50 10 to 7/25/50, 19, that I last saw the deceased alive on 7/25/50, 19, and that death occurred at 7:45 PM, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. W. Burroughs, M.D. (Degree or title) | | | | 23b. ADDRESS 1515 Lafayette Ave., | | 23c. DATE SIGNED 7/26/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-27-1950 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem., | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo | | |
| DATE REC'D BY LOCAL JUL 27 1950 | | REGISTRAR'S SIGNATURE J. B. Farster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. 2223 St. Louis Ave. | | | |

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

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 _____

working under my personal supervision.

Student Embalmer No.

Not Embalmed

Signed

John P. Buchholz

Signed.....
Student Embalmer

Licensed Embalmer No. *1674*

P. O. Address *2223 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.