

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12053**
Registrar's No. **2814**

FILED MAR 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 6331 Michigan	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) FLOYD			b. (Middle) MORGAN		
c. (Last)			DATE OF DEATH MARCH 10, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 6 1909	9. AGE (In years last birthday) 43	10. MONTHS 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ser. Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Amer. Dis. Tel. Co.		11. BIRTHPLACE (City and State or Foreign Country) East St. Louis Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Michael Morgan	13b. MOTHER'S MAIDEN NAME Ida Shawen	14. NAME OF HUSBAND OR WIFE Bertha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-05-8946	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Morgan 6331 Michigan

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) abscess of brain		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
		DUE TO (c)		
		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 brain abscess, rt occipito-parietal lobe	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 342x

22. I hereby certify that I attended the deceased from **3-7-53**, 19**53**, to **3-10-53**, 19**53**, that I last saw the deceased alive on **3-10-53**, 19**53**, and that death occurred at **6:12P** m., from the causes and on the date stated above.

23a. SIGNATURE C. A. Lier, M.D. (Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 3-11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-14-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive
24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan	
DATE REC'D BY LOCAL REG. MAR 16 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

* (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clarence Kuchow*

Licensed Embalmer No. *3093*

P. O. Address *7178 Michigan*

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.