

STANDARD CERTIFICATE OF DEATH

State File No. 37442

FILED NOV 6 - 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9614

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Chesterfield	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Firmin Desloge		e. STREET ADDRESS (If rural, give location) Valley Rd. Rt 1 Chesterfield	
3. NAME OF DECEASED (Type or Print) MARIE MORGAN			4. DATE OF DEATH (Month) (Day) (Year) Oct: 5 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 12, 1925
9. AGE (In years last birthday) 28		10. MONTHS 7	11. DAYS 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Marselle, France
12. CITIZEN OF WHAT COUNTRY? France		13. FATHER'S NAME Claud Vincenti	
13b. MOTHER'S MAIDEN NAME Elisabeth Bellino		14. NAME OF HUSBAND OR WIFE Wilbur Morgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-34-0716	
17. INFORMANT'S SIGNATURE OR NAME Wilbur Morgan		ADDRESS Rt 1 Chesterfield Mo.	
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) Anaplastic CARCINOMA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		9 Months	
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? 1991	
22. I hereby certify that I attended the deceased from 9-20, 1953, to 10-5, 1953, that I last saw the deceased alive on 10-5, 1953, and that death occurred at 9:40 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Charles P. Kolace		23b. ADDRESS Desloge Hospital	
23c. DATE SIGNED 10-5-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10/9/53		24c. NAME OF CEMETERY OR CREMATORY Jefferson Barricks National Cemetery	
24d. LOCATION (City, town, or county) (State) Lemay Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home Baldwin, Mo.	
DATE REC'D BY LOCAL REG. OCT 8 1953		REGISTRAR'S SIGNATURE J. Carl Smith MO	

(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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Richard Bapp*

Licensed Embalmer No. *4*

P. O. Address *Ballwin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.