

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6592

State File No.

FILED MAR 8 1954

318

1003

1632

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) 8/20 OR TOWN E. St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 743 N. 61st			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) CLARA		b. (Middle) ANNE		c. (Last) MORGAN		Month Day Year Feb 19 1954	
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 29, 1892		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 3 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Pinckneyville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jeremiah Wright		13b. MOTHER'S MAIDEN NAME Lydia Culley		14. NAME OF HUSBAND OR WIFE Harry L. Morgan (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Fred Pearson			
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. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AV Block due to A.S.H.D.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
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., 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? 331X			
22. I hereby certify that I attended the deceased from 2-17-1954 to 2-19-1954, that I last saw the deceased alive on 2-18-1954, and that death occurred at 1:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Carl M. Smith				23b. ADDRESS 14 N. Kingshighway		23c. DATE SIGNED 2-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/21/54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park		24d. LOCATION (City, town, or county) (State) Belleville Illinois	
DATE REC'D BY LOCAL REG. FEB 19 1954		REGISTRAR'S SIGNATURE Carl M. Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Curran		ADDRESS E. St. Louis, Ill	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

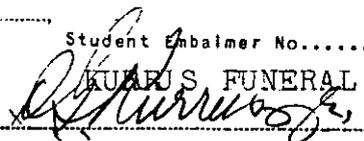
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

KUHL'S FUNERAL HOME

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Illi

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

If this body is not embalmed, fact should be so stated above.