

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31256**
Registrar's No. **8622**

BIRTH NO. _____ 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 Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 13th St. Btw. Olive & Pine | | e. STREET ADDRESS (If rural, give location) 5284 a Waterman Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) W. c. (Last) Morgan | | 4. DATE OF DEATH (Month) (Day) (Year) 10/1/55 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2/19/1895 |
| 9. AGE (In years last birthday) 60 yrs. | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frt. Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R. | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Harry T. Morgan | | 13b. MOTHER'S MAIDEN NAME Effie Ward | |
| 14. NAME OF HUSBAND OR WIFE Urcil Messick Morgan | | 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. 702-14-0013 | | 17. INFORMANT'S SIGNATURE OR NAME Urcil Morgan | |
| 17. ADDRESS 5284 a Waterman | | 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. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull, suffered when deceased jumped from window of Room 1206 Missouri Pacific Building on October 1st, 1955, about 7 am. While suffering from | | INTERVAL BETWEEN ONSET AND DEATH when | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parasary mental. Suicide | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Parasary mental. Suicide | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE OR MURDER suicide | |
| 21b. PLACE OF INJURY (Specify street, factory, store, office, home, etc.) Office Bldg | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) Oct 1 55 10A | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? E 978 X | | 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 10:57A m., from the causes and on the date stated above. | |
| 23a. SIGNATURE Gabriel P. Taylor | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 10.3.55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 10/4/55 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur | |
| 25. ADDRESS 3125 Lafayette Ave. | | DATE REC'D BY LOCAL REG. OCT 3 - 1955 | |
| REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur | |

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
Signature of Student Embalmer

Signed *Joseph V. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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