

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034524
STATE FILE NUMBER
9096

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9096

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 5707 McPherson Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Verner D. Morgan		4. DATE OF DEATH Month Day Year Sept. 19, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Bridges-Jarrell	11. BIRTHPLACE (City and state or country) Salem, Illinois
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Monroe W. Morgan		13b. MOTHER'S MAIDEN NAME Argretta Deahl Morgan	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #2	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Argretta Morgan - 5707 McPherson	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subacute Pancreatitis;</i> DUE TO (b) <i>Multiple Fractures;</i> DUE TO (c) <i>g.d. operated by one</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) <i>g.d. operated by one</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Explain nature of injury in PART I or of item 18.) <i>g.d. operated by one</i>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>302 - 8 2 58 1968.</i>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>5 Street</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>7:10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Argretta Morgan</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>9/27/58</i>
22d. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	22e. DATE <i>Sept. 22, 1958</i>	22f. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>
22g. LOCATION (City, town, or county) <i>Belleville, Illinois</i>		22h. FUNERAL DIRECTOR <i>WACKER-HELDERLE - 3634 Gravois Ave.</i>
22i. DATE RECD. BY LOCAL REG. <i>SEP 2 2 58</i>		22j. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Delia J. Krissin
Licensed Embalmer No. 3497
P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting:

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