THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003303
STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 832

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Length of stay in lb 2-1/2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Hathaway Hills 4000 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 10225 Cedarhurst Dr — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LOUISE Middle Last MORGAN
4. DATE OF DEATH Month Day Year Jan. 23, 1959

5. SEX female
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH June 30,1887
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) Wellington, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Hy. Dryer
13b. MOTHER'S MAIDEN NAME Wilhelmina unknown
14. NAME OF HUSBAND OR WIFE William J. Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. J. R. Renshaw, Address 10225 Cedarhurst Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Ca of Lungs — INTERVAL BETWEEN ONSET AND DEATH 8/37
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma Body of Uterus — 6/55
DUE TO (c) 172X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio Sclerotic Myocarditis.
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar 46, to 1/23/59 and last saw her/him alive on 1/22/59.
Death occurred at 2:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS 5203 Chippewa.
22c. DATE SIGNED 1/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) buria l
23b. DATE Jan.26,1959
23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave
25. DATE RECD. BY LOCAL REG. JAN 26 59
26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. A. H. Bindbeutel,
5203 Chippewa
till 5:30 PM

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.