

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007469

STATE FILE NUMBER

Registr. No. **1870**

FILED MAR 10 1959

Registration District No. _____

Primary Registration District No. _____

300
-57

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 St. Louis City Hosp. #2 D.O.A.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4411 Fair Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Earl Middle W. Last MORGAN, SR.			4. DATE OF DEATH Month February Day 20 , Year 1959
5. SEX Male <input type="checkbox"/> White	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1906
9. AGE (In years last birthday) 52		10. KIND OF BUSINESS OR INDUSTRY Repair Man on Lead Truck	11. BIRTHPLACE (City and state or country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Walter Morgan 13b. MOTHER'S MAIDEN NAME May Turner 14. NAME OF HUSBAND OR WIFE Mirtle 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. _____ 17. INFORMANT Mrs. Mirtie Morgan - 4411 Fair Avenue Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) Fibrosis of Lungs			INTERVAL BETWEEN ONSET AND DEATH 3 Days 2 Years 6 Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331x	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from Jan 15-59 to Feb 20 59 and last saw him alive on Feb 20 - 59 Death occurred at 8:50 PM on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernest Medler MD (Degree or title)		22b. ADDRESS 4114 W. Florence St	
22c. DATE SIGNED 2/21/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Feb. 23, 1959		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG. FEB 22 '59	
26. REGISTRAR'S SIGNATURE Neal Smith M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clement M. McManis*

Licensed Embalmer No. *3738*

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.