

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST. CLAIR</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		Length of stay in Ib <b>28 DAYS</b>	c. CITY OR TOWN <b>E. ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET ADM HOSPITAL</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>427a St. Louis Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>EARL</b> Middle <b>L.</b> Last <b>MORGAN</b>			4. DATE OF DEATH Month <b>9</b> Day <b>25</b> Year <b>60</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/28/34</b>	9. AGE (last birthday) <b>25</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>E. St. Louis, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>EARL MORGAN SR.</b>			13b. MOTHER'S MAIDEN NAME <b>JUDE CLARKSON</b>		14. NAME OF HUSBAND OR WIFE <b>----</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES 5/16/55 to 4/30/59</b>		16. SOCIAL SECURITY NO. <b>330 28 0119</b>		17. INFORMANT <b>EARL MORGAN SR</b> Address <b>427a St. Louis, Ave. E. St. Louis, Ill.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>CARCINOMATOSIS</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>CARCINOMA OF THE COLON</b>		
DUE TO (c) <b>AND ULCERATIVE COLITIS</b>		<b>153.8</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <b>8/29/60</b> to <b>9/25/60</b> Death occurred at <b>10:20 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>George H. Zografakis, MD</b> (Degree or title)		22b. ADDRESS <b>VA HOSP 915 NO. GRAND ST. LOUIS, MO.</b>	22c. DATE SIGNED <b>9/25/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9/28/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NAT'L CLM JEFF BRKS. MO.</b>	23d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, 25, MO.</b>
24. FUNERAL DIRECTOR <b>JOHN KASSLY FUNERAL HOME, E. St. Louis, Ill.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>SEP 26 1960</b>	26. REGISTRAR'S SIGNATURE <b>Ed Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0931 32 037 3A

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph J. Kessly  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address E. H. St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.