SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-~~006752~~

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1432 STATE FILE NUMBER 6752

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 2 Days

c. CITY OR TOWN University City — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 8247 Delmar Blvd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ben Middle Fletcher Last Morgan

4. DATE OF DEATH Month February Day 12 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11/18/1885

9. AGE (last birthday) 75 — 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) Executive (Retired)

10b. KIND OF BUSINESS OR INDUSTRY W.G. Woodward Co

11. BIRTHPLACE (City and state or country) Bolivar, Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Spencer Morgan

13b. MOTHER'S MAIDEN NAME Anna Batten

14. NAME OF HUSBAND OR WIFE Miriam J. Morgen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Miriam J. Morgen Address 8247 Delmar

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Posterior myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) due to arteriosclerosis

DUE TO (c) 420.1

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) mitral insufficiency, aortic stenosis, Rheumatic heart disease c̄ mitral stenosis, & insufficiency

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ 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 1958, to 1961 and last saw ~~her~~ him alive on 2/12/61

Death occurred at 815 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James A. Wood M.D.

22b. ADDRESS 8236 Forsythe

22c. DATE SIGNED 2/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment

23b. DATE 2/14/61

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum

23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG. FEB 13 1961

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

Dr. James Wood

~~35 No. Central Ave~~
8230 FORSYTH
1:30 to 5 P.M.

Pa. 5-4887

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 J. Allen Davis Jr

Licensed Embalmer No. 4953

P. O. Address [illegible]

Feb 17-1961

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.