

JAN 12 1940 **701**

Registration District No. **1000**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10429**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **Saint Louis, Missouri.** *2*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4176-A Delmar Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County *1*  
(c) City or town **Saint Louis,** *19*  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4176-A Delmar Blvd.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Augusta L. Morton.** *635*  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed.**  
6. (b) Name of husband or wife **Wallace W. Morton** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **October 14th, 1854.**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **20**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House-Wife.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Jacob Meyers.**  
18. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **X Louis Gahard.**  
(b) Address **4176A Delmar av.**

17. (a) **Burial** (b) Date thereof **December 6, 39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillsboro, Missouri.**

18. (a) Signature of funeral director **Ziegenhain Bros.**  
(b) Address **2623 Cherokee Street.**

19. (a) **6-1939** (b) *J.F. Brudish*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **4th,**  
year **1939.** hour **2** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Nov. 20 - 39**  
\_\_\_\_\_, 19\_\_\_\_, to **Dec. 4**, 19\_\_\_\_  
that I last saw her alive on **Dec 3**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocarditis -**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature *S.W. Matthews* (M. D. or other) \_\_\_\_\_  
Address **6369 Virginia** Date signed **12/4/39**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

**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 this body is not embalmed, above space should be left blank.**