DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23472

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5917

1. PLACE OF DEATH:

(a) County: St. Louis.

(b) City or town: ~~St. Louis, Mo.~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution December 8, 1938

In this community 24yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis.

(c) City or town: St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No.: 5800 Arsenal St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? American years.

3. (a) PRINT FULL NAME: George Morton 635

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: X (Month) X (Day) 1878 (Year)

8. AGE: Years: 62 | Months | Days | If less than one day: hr. min.

9. Birthplace: Kentucky (City, town, or county) American (State or foreign country)

10. Usual occupation: No Occupation

11. Industry or business: X

FATHER
12. Name: X
13. Birthplace: X (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: 5800 Arsenal St.
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: E. Molony

(b) Address: 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-15-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: Lucius Thomas

(b) Address: 2734 Sheridan Ave.

19. (a) JUL 15 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11, year 1940 hour 2:00 minute a.m. M.

21. I hereby certify that I attended the deceased from December 8, 1938, to July 11, 1940 that I last saw him alive on July 11, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative heart disease with auricular fibrillation	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Arterio sclerosis	

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: R. W. Maxwell (M. D. or other)

Address: 5600 Arsenal St. Date signed 7/11/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2830 Hickory St

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.