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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41137**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10908**

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

1. PLACE OF DEATH:

(a) County ST LOUIS Mo.

(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:
5804 Cates 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

3. (a) PRINT FULL NAME ROBERT WESTMORELAND MORTON

8. (b) If veteran, name war _____

3. (c) Social Security No. 492-07-7919

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Nonie Morton

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 26 - 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business General Cable Co.

12. Name Unknown Morton.

13. Birthplace Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Betty Murphee

15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nonie Morton

(b) Address 5804 Cates Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Arthur Donnelly
3840 Lindell Blvd.

19. (a) _____ (b) J. W. Sedwick (Registrar's signature)

DEC 31 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5804 Cates Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 (31)
year 1940 hour 9³⁰ minute AM M.

21. I hereby certify that I attended the deceased from July
1940, to December 30, 1940,
that I last saw him alive on 12-30, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus 12 mo.
Duration

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

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 Robert W. Totaw (M. D. or other) _____
Address 640 S. Kings Highway Date signed 12/31/40

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 7340 Lafayette

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.