

S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

15039

FILED APR 24 1946 318

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Frisco Employees Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
Specify whether _____

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 3181

(a) State Mo (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 317

(d) Street No. 2137⁰ Califormer
(If rural, give location) 90

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Clifford H. Morton

3. (b) If veteran, name war _____

3. (c) Social Security No. 707-16-2924

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1946 hour 6 minute 35 a.m.

21. I hereby certify that I attended the deceased from April 12, 1946, to April 14, 1946.
that I last saw him alive on April 14, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept. 13 1893
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage Duration 4 days

Due to Hypertension

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 7 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business Frisco Rail road.

12. Name Peter D. Morton

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

14. Maiden name Mary Bender

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

16. (a) Informant Woop Brewer

(b) Address 4960 Ferrelade

17. (a) Burial (b) Date thereof: 4/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marys

18. (a) Signature of funeral director Wacker - Walden

(b) Address 3634 Morgan

19. (a) APR 16 1946 (b) J. T. Predeck
(Date received local registrar) (Registrar's signature)

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 James C. Shy (M. D. or other) M.D.
Address 4960 Ferrelade Date signed 4-15-46

(Licensed Embalmer's Statement on Reverse Side)

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

13939

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..... *Frank J. Maud*.....

Licensed Embalmer No. *2645*.....

P. O. Address..... *St Louis Mo*.....

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, fact should be so stated above.