No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14718

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3364

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4100 Cozen Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2811 N Sarah St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Morris L. Thornton
3. (b) If veteran, name war 2
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col
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 (Month) 14 (Day) 1907 (Year)

8. AGE: Years 40 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name Johnie Thornton
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Thornton
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Robbie Dotson
(b) Address 4228 East St. Ferdinand
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barrach Cem
18. (a) Signature of funeral director Herman J. Smith
(b) Address 4247w Labadie Ave
19. (a) APR 7 1948 (Date received local registrar) (b) J. T. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1948 hour 8 minute 33 A.M.
21. I hereby certify that I attended the deceased from 19..., to 19...;
that I last saw h... alive on 19...
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Edema of Brain Cerebrum of Tuch, 3 Alcoholism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Gavil E Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 4-7-48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 7341

P. O. Address.....

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.