

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15192*

State File No.

FILED MAY 5 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1101

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kinloch 4092</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS 9</u>		d. STREET ADDRESS (If rural, give location) <u>FROST Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CTY Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>(None)</u> c. (Last) <u>Morton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-1950</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>5-9-1862</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Days <u>11</u> Hours <u>17</u> IF UNDER 4 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>BAYFORD Miss</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Preston None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Preston Miller S. Kinloch</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia, LUL</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-17-50, 1950, to 4-26-1950, that I last saw the deceased alive on 4-26-1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.P. Coble M.D.</u>		23b. ADDRESS <u>601 So. Brentwood, Clayton</u>		23c. DATE SIGNED <u>4-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk. Cem. ST. LOUIS CTY.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McBoyd Bros' Funeral Home Kinloch</u>			
DATE REC'D BY LOCAL REG. <u>4-29-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

40000

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Henry C. Williams

Licensed Embalmer No. *4781*

P. O. Address *2749 Hickory St.*

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.