

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43766
10040

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD 4693					
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				d. STREET ADDRESS (If rural, give location) 557 ESSEX AVE					
3. NAME OF DECEASED (Type or Print) a. (First) TURNER b. (Middle) BERRY c. (Last) MORTON.			4. DATE OF DEATH (Month) (Day) (Year) NOV. 25 1950						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married.	8. DATE OF BIRTH April 24, 1886.		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Clerk in County Collectors.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Turner Bynam Morton.			13b. MOTHER'S MAIDEN NAME Jane Allen.			14. NAME OF HUSBAND OR WIFE Hilma M. Morton.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME Mrs T. B. Morton, 557 E. Essex Ave.,		ADDRESS			
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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Renal disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 years 3 years		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 593X					
22. I hereby certify that I attended the deceased from Nov. 12, 1948, to Nov. 25, 1950, that I last saw the deceased alive on Nov. 24, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.									
23a. SIGNATURE <i>H. B. Webster</i> M. D.				23b. ADDRESS 19 E. Lockwood, Webster Groves 19, Mo.		23c. DATE SIGNED 11-25-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/27/50.	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.				
DATE REC'D BY LOCAL REG. 11/27/50		REGISTRAR'S SIGNATURE <i>J. B. ...</i>			25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd;				

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

JUN 25 1951

16040

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

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.