

5. No. 300  
10:48

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11025  
Registrar's No. 887

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3065

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glendale</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glendale</b>	
c. LENGTH OF STAY (in this place) <b>65</b>		d. STREET ADDRESS (If rural, give location) <b>765 West Kirkham Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>765 West Kirkham Road</b>		e. STREET ADDRESS (If rural, give location) <b>765 West Kirkham Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Matthews</b> c. (Last) <b>Morton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 3, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 5, 1888</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen'l Insurance</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Robert Lee Morton</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Matthews</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Hudson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clara Morton</b> ADDRESS <b>765 W. Kirkham Road</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Bronchitis</b> DUE TO (c) <b>Astero-Sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Borderline Alcoholism</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>- 420.1</b>	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>4/3/51 1:00 P.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>
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22. I hereby certify that I attended the deceased from **4/2/51**, 19**51**, to **4/3/51**, 19**51**, that I last saw the deceased alive on **4/3/51**, 19**51**, and that death occurred at **1:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert P. [Signature]</b> (Degree or title)	23b. ADDRESS <b>300 N. Taylor, Kirkwood, Mo.</b>	23c. DATE SIGNED <b>4/4/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/5/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4/5/51</b>	REGISTRAR'S SIGNATURE <b>Robert P. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary</b> ADDRESS <b>6633 Clayton Road</b>
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 1994

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.