

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED APR 11 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 927

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) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS</u>		4617	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>330 HAZEL</u>		d. STREET ADDRESS (If rural, give location) <u>330 HAZEL</u>	

3. NAME OF DECEASED (Type or Print) <u>GEORGE LOY MORTLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-53</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-6-1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECY + TREAS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P-PEEPER TOBACCO CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	---	--	--	--	---	--

13a. FATHER'S NAME <u>GEO. C. MORTLAND</u>		13b. MOTHER'S MAIDEN NAME <u>ADA LOY</u>		14. NAME OF HUSBAND OR WIFE <u>FILEEN MORTLAND</u>	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-03-63587MO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G.L. Mortland</u>		ADDRESS <u>330 Hazel</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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral thrombo-embolism</u>					
		DUE TO (c) ?					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					

19a. DATE OF OPERATION <u>none</u>		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?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from 2-16, 1952, to 3/25/53, 1953, that I last saw the deceased alive on 3-27-53, 1953, and that death occurred at 4:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry W. Wolcup M.D.</u> (Degree or title)		23b. ADDRESS <u>330 Hazel Webster Groves Mo</u>		23c. DATE SIGNED <u>3/27/53</u>	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
---	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>3-28-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Domb...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. Home Webster Groves Mo</u>		ADDRESS	
---	--	--	--	---	--	---------	--

(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

Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Maple Grove

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.