

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35962

FILED NOV 16 1956

378

1003

STATE FILE NUMBER

9088

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		Length of stay in 1b 50 yrs.	STREET ADDRESS 3927 N. EUCLID AVE.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELMER Middle C. Last MORTON			4. DATE OF DEATH Month OCT. Day 3. Year 1956.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 31, 1881.	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) POPE COUNTY, ARKANSAS.		12. CITIZEN OF WHAT COUNTRY? U.S.S.
13. FATHER'S NAME JUDSON MORTON			14. MOTHER'S MAIDEN NAME UNKNOWN CLOUD		
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. NONE	17. INFORMANT Address MRS. MAY MORTON, 3927 N. EUCLID AVE.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortic thrombosis Myocardial degeneration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial degeneration DUE TO (c) Chronic passive congestion PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - (c) - 0 -					INTERVAL BETWEEN ONSET AND DEATH 7 1/2 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1-20-56		20f. CITY, TOWN, OR LOCATION 10-3-56		20g. COUNTY 10-2-56	
20h. STATE MO		20i. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 8:15 A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond C. Sunderman M.D.		22b. ADDRESS 4943 Natural Bridge		22c. DATE SIGNED Oct 16	
23a. BURIAL, CREMATION, REMOVAL <input checked="" type="checkbox"/>	23b. DATE 10/5/56.	23c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	
24. FUNERAL DIRECTOR CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. OCT 4 1956		26. REGISTRAR'S SIGNATURE Earl Smith Mo m 8/B.	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Ralph E. Lindner*

Licensed Embalmer No. *47*

P. O. Address *St. Joe*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.