

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 29 1959

2 7828 59-034123
 STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY St. Louis Missouri				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		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish 216 S Kinghighway			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3003 Montgomery			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle I Last Morton			4. DATE OF DEATH Month August Day 22 Year 1959				
5. SEX Male	6. COLOR OR RACE Col	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1 aug 06	9. AGE (last birthday) 53		IF UNDER 1 YEAR Months _____ Days 16 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric		11. BIRTHPLACE (City and state or country) Marlin Texas		12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME John Morton			13b. MOTHER'S MAIDEN NAME Lillian Jones		14. NAME OF HUSBAND OR WIFE Mrs Ruth Morton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1942 to 1945		16. SOCIAL SECURITY NO. 492-03-2162		17. INFORMANT Address Mrs Ruth Morton 3003 Montgomery			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			Acute vascular intestinal obstruction				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		Mesenteric thrombosis		
			DUE TO (c)		Thrombosis of portal vein		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 12:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 8/29/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/21/59	23c. NAME OF CEMETERY OR CREMATORY Jefferson Barrack		23d. LOCATION (City, town, or county) (State) Jefferson Barrack Mo		
24. FUNERAL DIRECTOR Herman J. Smith ADDRESS 4247/w Labadie			25. DATE RECD. BY LOCAL REG. AUG 24 59		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address St Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.