

DEC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17128

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City St Louis mo (d) Street No. Homee P. Phillips Registered No. 4662
(If death occurred in Hospital or Institution, write its name instead of street and number) St. Hosp
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 633 Lavaine Morten St. 2127 paper st 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-6-1928</u>		
7. AGE	YEARS <u>11</u>	MONTHS <u>3</u>
		DAYS <u>14</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>student</u>	
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St Louis mo</u>	
13. NAME	<u>Albert Morten</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Charleston mo</u>	
15. MAIDEN NAME	<u>Turkey Jordan</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Charleston mo</u>	
17. INFORMANT (ADDRESS)	<u>Albert Morten</u> <u>2127 paper st.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Washington Park</u> <u>5-23-39</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>English and Co</u> <u>2931 Locust ave</u>	
20. FILED	<u>MAY 23 1939</u> <u>J. B. Bredner</u> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-39 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 8:25^{PM} m.

The principal cause of death and related causes of importance were as follows:
Streptococci infection of right leg, sepsis and result of spillage to right knee and abscess as a result of falling while playing on yard in rear of her home May 7 1939
About 100 pm

Other contributory causes of importance:
None

Name of operation..... Date of.....
Best confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? accident Date of injury 5-20-39
Where did injury occur? St Louis mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Scrubbed
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) Alfred Perry M. D.
(Address) Deputy Coroner

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, me
Rouis V. Atkins, or by me

Registered Apprentice No....., working under my personal supervision.

Signed Rouis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fanning

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, above space should be left blank.