DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41323

Registration District No. JAN 12 1940 791 1003 Primary Registration District No.

Registrar's No. 10446

1. PLACE OF DEATH:
(a) County ST LOUIS 3
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: en route City Hosp #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 1 ST. LOUIS
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 815 S. 18th. ST. 22
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME DAISY MORTON 635

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race COL.

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband ~~or wife~~ HARVEY MORTON

6. (c) Age of husband ~~or wife if~~ alive 47 years

7. Birth date of deceased FEB. (Month) 2 (Day) 1888 (Year)

8. AGE: Years 51 Months 10 Days 1 If less than one day ✓ hr. ✓ min.

9. Birthplace WARSAW (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name MOLLY ALEXANDER
15. Birthplace WARSAW (City, town, or county) MO. (State or foreign country)

16. (a) Informant's own signature Harvey Morton
(b) Address 815 - S - 18th St

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 12-7-39 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ GREENWOOD CEMETERY

18. (a) Signature of funeral director LOVE UNDERTAKING CO.
(b) Address 3103 WASHINGTON BLVD. ST. L. MO

19. (a) DEC 6 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

NO ATTENDING PHYSICIAN

20. DATE OF DEATH: Month December Day 3rd year 1939 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis with concentric cardiac hypertrophy; Contrib: Chronic Pulmonary Emphysema. (non Tubercular)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph M. Lewis (M. D. or other)
Address Deputy Coroner Date signed

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hellbard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.