

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 1945 DEPARTMENT OF COMMERCE
 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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 8071
 Registrar's No. 342

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAR 7 - 1945
 REGISTRATION DISTRICT NO. 784

Primary Registration District No. 101

1. PLACE OF DEATH:
 (a) County St. Louis.
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6 Brentmoor
 (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 St. Louis
 (c) City or town Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. # 6 Brentmoor
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ANNA DIERFELD MORTON. 635
 8. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 17
 year 1940 hour 5 minute 15 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Stratford Lee Morton
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Nov. 28 1889
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1939 to Feb 17 1940
 that I last saw her alive on Feb 17 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 2 19 hr. min.

Immediate cause of death Generalized metastases from cancer of the breast
 Due to Cancer of the breast
 Duration 5 years
 Due to _____

9. Birthplace Apoleton City Mo. 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Other conditions (include pregnancy within 3 months of death) 50

11. Industry or business _____
 MOTHER FATHER { 12. Name Emil O. DIERFELD
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Egger
 15. Birthplace Wisc.
 (City, town, or county) (State or foreign country)

Major findings: Operation in 1935 for cancer of breast
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature Stratford L. Morton
 (b) Address # 6 Brentmoor,
 17. (a) Cremation (b) Date thereof 2/19/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Crematory
 18. (a) Signature of funeral director C. R. Lupton & Sons.
 (b) Address 7233 Delmar, Blvd.
 19. (a) FEB 19 1940 (b) TR [Signature]
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (d) Means of injury _____
 23. Signature Samuel B. Grant (M. D. or other) M.D.
 Address 114 N. Taylor Date signed 2/18/40

JUL 29 1947

114 N. TAYLOR. --JE-8600
Residence, - # 96 Aberdn. Pl. -CA-8011

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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.