

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33908**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8605**

PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) **3**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME **Jacob Morfoot (MARKO)**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **492-07-2542**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **?**  
(Month) (Day) (Year)

8. AGE: Years **About 49**  
Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Russia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **North St Louis Lumber Co**

12. Name **Unknown**

18. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Kometzky**

(b) Address **2501 North Broadway**

17. (a) **Burial** (b) Date thereof **Oct 19 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funeral Home**

(b) Address **1936 St Louis Ave**

19. (a) **OCT 18 1940** (b) **J.F. Ceder**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St Louis** **26**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2501a North Broadway**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **27 Years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18**  
year **1940** hour **? 5** minute **00** AM

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

Immediate cause of death **Fracture of left leg when struck with a heavy rod when crossing railroad tracks. Cause time and manner could not be ascertained.**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **207 m**

Of autopsy **30**

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) **Open Vein**

(b) Date of occurrence **Oct. 18 1940**

(c) Where did injury occur? **St Louis mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place**

(e) While at work? **no** (Specify type of place) (Cause of injury) **R.R. train**

23. Signature **Alfred Perry** (M. D. or other) **5**  
Address **Deputy Coroner** Date signed **10/18/40**

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

**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.....

Licensed Embalmer No. 3737

P. O. Address 1936 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 this body is not embalmed, above space should be left blank.**