No. 2
4-13-40
5-17-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12440
2870

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

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17
9

1. 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 5238 North Broadway 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Not known years, months or days)

2. USUAL RESIDENCE OF DEACEASED: 000

(a) State Missouri (b) County 199
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 5238 North Broadway (If rural, give location)
(e) If foreign born, how long in U. S. A.? D years.

3. (a) PRINT FULL NAME Malinda J. Morton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased November 23, 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Not known (City, town, or county) Oklahoma 1 (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Not known
13. Birthplace Not known (City, town, or county) Not known 9 (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) Not known (State or foreign country)

16. (a) Informant Mrs Ima Brinkman
(b) Address 5202 Conde St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 1 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29, year 1941 hour 8:30 AM minute M.

21. I hereby certify that I attended the deceased from Dec 1st 1940 to March 29, 1941 that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular heart disease	7
Due to Chronic Brights disease	7
Due to Hypertension	2
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis	1

Major findings:
Of operations
Of autopsy

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 0

23. Signature R. W. Elvain (M. D. or other) MD
Address 4356 Warne Date signed 3/31/41

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

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, fact should be so stated above.