. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 12913

Registration District No. 791 Primary Registration District No. Registrar's No. 3343

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: 5844 PLYMOUTH AVE
(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 000 175 9

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5844 PLYMOUTH AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM P. COURTON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife NANCY E. COURTON

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

7. Birth date of deceased FEB (Month) 14 (Day) 1860 (Year)

8. AGE: Years 81 Months 2 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) KENTUCKY (State or foreign country) 1

10. Usual occupation MACHINIST HELPER

11. Industry or business RETIRED 1922

FATHER
12. Name WILLIAM J COURTON
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

MOTHER
14. Maiden name PERMELIA
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant MRS CLYDE ERWIN

(b) Address 5844 PLYMOUTH AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation MOBERLY MO.

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 467 Hamilton Ave

19. (a) APR 17 1941 (Date received local registrar) (b) J. H. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15, 1941
year 9 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from July, 1935, to April 9th, 1941; that I last saw him alive on 4-1-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Not known

Due to age

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no 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 0

23. Signature Wm H Foster MD (M. D. or other)

Address 1492 Hodiamont Date signed 4-16-41

(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 J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.