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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26924

Registrar's No. 7237

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: Missouri Babtist Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEASCED: 000 17

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 69

(d) Street No. 4755a Cote Brilliante (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert Wray Morton

3. (b) If veteran, name war

3. (c) Social Security No. 493-05-8835

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Sarah (Faragher) Morton

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased February (Month) 12 (Day) 1904 (Year)

8. AGE: Years 39 Months 65 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Window Trimmer

11. Industry or business

FATHER 12. Name George Morton

13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER 14. Maiden name Ida Wray

15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Sarah Morton

(b) Address 4755a Cote Brilliante Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No. Kingshighway

19. (a) AUG 11 1943 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug, 1943 to Aug 10th, 1943 that I last saw him alive on Aug 16th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Sigmoid	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Sigmoid

Of autopsy No.

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 Frank L. Davis (M. D. ~~or other~~)

Address Lemay Ave Bldg St. Louis Mo. Date signed 8/11/43

(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. Allen Davis Jr.....

Licensed Embalmer No.....4053.....

P. O. Address.....Cel.....

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, fact should be so stated above.