

FILED AUG 25 1944

Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution abt. 3 hrs.
(Specify whether
In this community 21 years
years, months or days)

3. (a) PRINT FULL NAME SUSIE MORTON

3. (b) If veteran, No **3. (c) Social Security** No. 709-09-5452
name war

4. Sex Female **5. Color or** **6. (a) Single, widowed, married,**
race Negro divorced Married

6. (b) Name of husband or wife Vanston Morton **6. (c) Age of husband or wife if** 46
alive 46 years

7. Birth date of deceased August 19th 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>11</u>	<u>21</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Mt. Sterling Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Car Cleaner

11. Industry or business Pullman Company

MOTHER FATHER

12. Name Louis Kelley

13. Birthplace ? Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jane Unavailable

15. Birthplace ? Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Vanston Morton

(b) Address 3623 Cook Ave.

17. (a) Burial **(b) Date thereof** August 15-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave.

19. (a) AUG 15 1944 J. F. Budeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3623 Cook Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1944 hour 9 minute 45 : P. M.

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

Immediate cause of death Myocardial Infarction
Administered in home by self
Daughter 3534 Cozart Ave
Due to Around 6:50 PM Aug 10-1944

Due to _____

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

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) Suicide

(b) Date of occurrence 8-10-44

(c) Where did injury occur? At home
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature W. H. Perry **(M. D. or other)** 3
Address Date signed 8/15/44

STATEMENT BY LICENSED EMBALMER

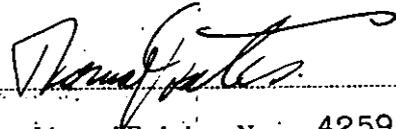
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.