

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1948
Registration District No. **317**

Primary Registration District No. **8063**

Registrar's No. **2055**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5 Berrywood Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Herbert E. Mortland

3. (b) If veteran, name war None

3. (c) Social Security No. 490-01-3197

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Johanna Mortland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 1, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	7	30	hr. _____ min.

9. Birthplace Hardin Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laboratory Director

11. Industry or business Pevely Dairy Co.

MOTHER FATHER

12. Name John Mortland

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

14. Maiden name Elizabeth Porter

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

16. (a) Informant Miss Label Mortland

(b) Address 2918 Allen Ave.

17. (a) burial (b) Date thereof 9/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd

19. (a) 8-7-48 (b) Carol A. Shapko
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5 Berrywood Drive
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1948 hour 8:30 minute 55 M.

21. I hereby certify that I attended the deceased from July 13, 1948, to Aug 31, 1948,
that I last saw him alive on Aug 25, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with Coronary disease

Duration ?

Due to 932

Other conditions mid by perforation
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury ?

23. Signature J.W. Hurdulite (M. D. or other) M.D.

Address 4500 Olive Date signed 8-21-48

Mr. Thundershite
Lester Blodig

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 *Gustav W. Dietel*.....

Licensed Embalmer No. *4329*.....

P. O. Address *St. Louis, Mo.*.....

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.