

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38855

9321

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>8 days</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E. St. Louis</b> <b>8120</b>		
		d. STREET ADDRESS (If rural, give location) <b>110 N. 2nd. St.</b> <b>8</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ETHEL</b>	b. (Middle)	c. (Last) <b>MORT</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>10 29 1950</b>		5. SEX <b>Female 3</b>		6. COLOR OR RACE <b>Negro</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>3/14/1900</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>50</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Arkansas/</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Gould</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Price</b>
14. NAME OF HUSBAND OR WIFE <b>George Mort</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME <i>Ruth Barnes</i>		ADDRESS <i>1891 Franklin</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Left Breast</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>170X</i>
22. I hereby certify that I attended the deceased from <i>10-19, 1950</i> to <i>10-29, 1950</i> , that I last saw the deceased alive on <i>10-28, 1950</i> , and that death occurred at <i>4:20 a.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>A.W. Kenney, D.M.S.</i>		23b. ADDRESS <i>15th N Main E. St. Louis</i>		23c. DATE SIGNED <i>10-1-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11/4/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Booker Washington East St. Louis Ill</i>
24d. LOCATION (City, town, or county) <i>St. Louis</i>		24e. FUNERAL DIRECTOR'S SIGNATURE <i>C.M.C. Green</i>		ADDRESS <i>3517 La Made ave</i>
DATE REC'D BY LOCAL REG. <b>NOV 2 1950</b>		REGISTRAR'S SIGNATURE <i>J. B. Slaughter</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Melvin E. Green*

Licensed Embalmer No. *4428*

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.