

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10460
2543
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10460		Registrar's No. 2543						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 57 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.			2069						
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 5220 a Palm St										
3. NAME OF DECEASED (Type or Print) a. (First) Manley			b. (Middle) _____		c. (Last) Morton		4. DATE OF DEATH (Month) (Day) (Year) 3-18-51							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-2-1892		9. AGE (In years last birthday) 59						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? 0						
13a. FATHER'S NAME Ernest L. Morton			13b. MOTHER'S MAIDEN NAME -Amenda L. Gheen			14. NAME OF HUSBAND OR WIFE Theresa N Morton								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes #1			16. SOCIAL SECURITY NO. 498-12-4247		17. INFORMANT'S SIGNATURE OR NAME Ernest Morton				ADDRESS 5220 a Palm St					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple arterial emboli DUE TO (c) Coronary stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 days 1 day years?						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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? Hit										
22. I hereby certify that I attended the deceased from 3/10 , 19 51 , to 3/18 , 19 51 , that I last saw the deceased alive on 3/17 , 19 51 , and that death occurred at 10A m., from the causes and on the date stated above.														
23a. SIGNATURE J. J. Flance				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 3/19/51								
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 319-51		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.								
DATE REC'D BY LOCAL REG. APR 19 1951		REGISTRAR'S SIGNATURE J B Hunter			25. FUNERAL DIRECTOR'S SIGNATURE Goodhart & Goodhart					ADDRESS 2228 St. Louis Av				

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

1 APR 3 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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.