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S. No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13266
State File No. 13266
3696
Registrar's No.

MAILED MAY 13 1941

Registration District No. 91

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 yrs.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2834 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilson Morton

3. (b) If veteran, name war Unknown
3. (c) Social Security No. 492-10-0402

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 22 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Manchester Roofing Co.

MOTHER FATHER { 12. Name Price Morton
13. Birthplace Jackson Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mollie McNeely
15. Birthplace Jackson Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Augusta Morton
(b) Address 2834 Park Ave.

17. (a) Removal (b) Date thereof 4/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) APR 29 1941 (b) J. A. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28,
year 1941 hour 5:35 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 31,
1941 to April 28, 1941
that I last saw him alive on April 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
hepatic occlusion
Due to _____

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) _____
(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 Michael M. Karl (M. D. or other)
Address 1515 Lafayette Avenue Date signed 4/28/41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John Driskley

Licensed Embalmer No.....

3658

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.