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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 628

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 628

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1480 ROWAN AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1480 Rowan 6 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANK JOSEPH MORARD

3. (b) If veteran, name war NONE

3. (c) Social Security No. 492-07-8110

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELSIE

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased JAN (Month) 30 (Day) 1893 (Year)

8. AGE: Years 47 Months 11 Days 20 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation OFFICE MANAGER

11. Industry or business COM COFFEE CO.

MOTHER FATHER

12. Name LOUIS J. MORARD

13. Birthplace St Louis (City, town, or county) O Mo. (State or foreign country)

14. Maiden name ELIZABETH KING

15. Birthplace St Louis (City, town, or county) O Mo (State or foreign country)

16. (a) Informant Elsie Morard

(b) Address 1480 Rowan

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 22 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial PARK

18. (a) Signature of funeral director Cullen-Kilp

(b) Address 7267 Wat Bridge

19. (a) JAN 21 1941 (Date received local registrar) (b) J. F. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1941 hour 4 AM minute M.

21. I hereby certify that I attended the deceased from Dec 15, 1940 to Jan 19, 1941; that I last saw him alive on Jan 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary embolus	15 min
Due to Arteria - sclerosis	3 yrs.
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Thos. M. Dwyer (M. D. or other)

Address 2424 N Grand Date signed 1/20/41

(Licensed Embalmer's Statement on Reverse Side)

24 24 N Grand

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.