U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12033

FILED APR 6 1942

Registration District No. 84

Primary Registration District No. 115

Registrar's No. 704

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7211 Tulane 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 Missouri. (b) County St. Louis, 96
(c) City or town University City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. #7211 Tulane Ave., 5
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME MAURICE N. MORATH.
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male. C
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Etolia W. Morath.
6. (c) Age of husband or wife if alive 39. years
7. Birth date of deceased November, (Month) 11, (Day) 1897. (Year)

8. AGE: Years	Months	Days	If less than one day
44.	4.	15.	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country) 0
10. Usual occupation Coffee Merchant.
11. Industry or business Morath Coffee Co.,
FATHER
12. Name Theodore O. Morath.
13. Birthplace Newark, (City, town, or county) Ohio. (State or foreign country) 1
MOTHER
14. Maiden name Alice Sweaney.
15. Birthplace Jefferson Co., (City, town, or county) Missouri. (State or foreign country) 0
16. (a) Informant Mrs Maurice N. Morath.
(b) Address #7211 Tulane, University City
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3/28/42. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard.
19. (a) MAR 28 1942 (Date received local registrar) (b) C. G. McGann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th, year 1942. hour / minute 3:00 P.M.
21. I hereby certify that I attended the deceased from May 7, 1940 to March 23, 1942 that I last saw him alive on March 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Fibroid Pulm TB — Duration seveal years
Due to TB
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 —
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed March 27, 1942

704 (Licensed Embalmer's Statement on Reverse Side)

Dr. H. I. Spector
University Club Bldg.
Je. #5946 Hrs. 1-3 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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.