

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 11 1943

Registration District No. 787

Primary Registration District No. 117

Registrar's No. 378

96
27
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
302a Marshall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution nil (Specify whether)

In this community _____ (Yes or No)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 302A Marshall
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joan Moreland

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 12, 1943
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1943 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 12th 1943 to Feb 12th 1943
that I last saw her alive on Feb 12th 1943
and that death occurred on the date and hour stated above.

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

Immediate cause of death Renalure - 6 wks.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Webster Groves, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Melvin Moreland

13. Birthplace High Gate, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Barnett

15. Birthplace Iberia, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Moreland
(b) Address 302a Marshall

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) Means of injury _____

23. Signature Clara B. Lane (Date received local registrar) _____
Address 2062 Walton (Registrar's signature) _____ Date signed 2/17/43

17. (a) Burial (b) Date thereof 2-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) FEB 15 1943 (b) C. E. McLaughlin
(Date received local registrar) (Registrar's signature)

44-1-100-10-15
706-200-10-15

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.

Not embalmed
Signed.....
Licensed Embalmer No.....
P. O. Address.....

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.