

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. 18729

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4104

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 St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOSEPH MORANVILLE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Moranville 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 27, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 7 _____ hr. _____ min.

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

10. Usual occupation N11

11. Industry or business _____

12. Name ? Moranville
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Tipolt
(b) Address 8621 Virgil

17. (a) Burial (b) Date thereof 5/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAY 6 1946 (b) J. F. Bresnack
(Date received at local Registrar's office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1910 East Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1946 hour 9:35 minute A M.

21. I hereby certify that I attended the deceased from May 1 to May 4
that I last saw him alive on May 4
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of Myocardium Duration 4 days

Due to Coronary occlusion 4 days

Due to Arteriosclerotic Cardio Vascular disease 10 years

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, to public place?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Albert B. Smet (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 5/4/46

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

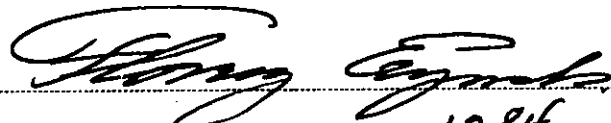
17607

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.....



Licensed Embalmer No.....

1284

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.