

No. 309  
-10-47  
5-17-39  
P I 3906

FILED OCT 18 1948 318

State File No. ....  
Registrar's No. 8646

Registration District No. .... Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 5546 Hebert Street. 9  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 11  
If yes, name country.....

3: (a) PRINT FULL NAME Kenneth E. Moreland

3. (b) If veteran, name war. None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2  
year 1948 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from September 23, 1948 to October 2, 1948  
that I last saw him alive on October 2, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Helen Moreland

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 17 1900  
(Month) (Day) (Year)

Immediate cause of death Cirrhosis of the liver

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 1/24

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>10</u>	<u>15</u>	..... hr. .... min.

9. Birthplace St. James Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Assembler

11. Industry or business Carter Carburator

MOTHER FATHER

12. Name Willis B. Moreland

13. Birthplace St. James Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Worth

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

Major findings:  
Of operations.....

Of autopsy Cirrhosis

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Helen Moreland

(b) Address 5546 Hebert Street.

17. (a) Burial (b) Date thereof 10/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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?.....

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 4 1948 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place).....

(c) Means of injury.....

23. Signature Frank H. Lembar (M. D. or other) M.D.

Address 462 No. Taylor Date signed 10-4-48

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

7/11/12

**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..... *Frank J. Quinn*  
Licensed Embalmer No..... *2648*  
P. O. Address..... *St. Louis*

**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.**