

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**29364**

State File No. ....

FILED AUG 23 1954

No. 200

10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 1852

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>ST. LOUIS</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. LOUIS</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>			c. CITY OR TOWN <u>CREVE COEUR</u>		
			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			e. STREET ADDRESS (If rural, give location) <u>MOSLEY ROAD</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>CLINTON</u>	c. (Last) <u>Moreau</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 28, 1954</u>
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<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>DIVORCED</u>	<b>8. DATE OF BIRTH</b> <u>JUNE 19, 1896</u>	<b>9. AGE</b> (In years last birthday) <u>58</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (If's kind of work during most of working life, even if retired) <u>CARPENTER</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>CONTRACTING</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>CREVE COEUR, MO.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>CHARLES J. MOREAU</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>GUSSIE WITTEMEYER</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>MARIE DVD.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u> <u>WW#1-2</u>	<b>16. SOCIAL SECURITY NO.</b> <u>498-01-7129</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>VERA SCHRADER</u>	<b>ADDRESS</b> <u>3320-EDMONDSON RD.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Vascular Accident</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 Hours</u>
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>443X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7-28-, 1954, to 7-28-, 1954, that I last saw the deceased alive on 7-28-, 1954, and that death occurred at 3:25 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Charles E. Brodwin M.D.</u>	<b>23b. ADDRESS</b> <u>601 S. Brentwood Clayton</u>	<b>23c. DATE SIGNED</b> <u>7-28-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>7-30-1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>MEMORIAL PARK</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>NORMANDY, MO.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7/29/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert K. Lombardi</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>William B. ...</u>	<b>ADDRESS</b> <u>504-WOODSON RD-OVERLAND, MO.</u>
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(Licensed Embalmer's Placement on Reverse Side)

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

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 ..... Student Embalmer No. .... working under my personal supervision. .

Student.....  
Signature of Student Embalmer

Signed..... *Oscar F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.