

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

29804
STATE, FILE NUMBER 7487

FILED SEP 4 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Homer G. Phillips Hosp.		Length of stay in 1b D.O.A. 8/9	d. STREET ADDRESS 3012 Belt Ave. (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Herman Middle L. Last Moreland		4. DATE OF DEATH Month 8 Day 10 Year 57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Apr. 19, 1905
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Ret.		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James Moreland	
14. MOTHER'S MAIDEN NAME Bertha Brown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Bertha Moreland 5341 Geraldine	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <i>Left Hemorrhage; Crushing Injury to the Left Chest;</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>when deceased was found with head under wheel of car in the rear of 3125 S. Adams Ave. on August 10th 1957. about 9:30 p.m. Cause and manner of same could not be determined.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (If any)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. MANNER OF DEATH <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Verdict	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury with Part I or Part II of form if applicable) <i>Car accident</i>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>9365 48</i>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>000</i>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>6:37</i> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James M Kelly</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>8-12-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>8/13/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>
24. FUNERAL DIRECTOR <i>Drehmann-Harral</i>	ADDRESS <i>1905 Union</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 12 57</i>	26. REGISTRAR'S SIGNATURE <i>J Carl Smith</i>

(Licensed Embalmer's Statement on Reverse Side)

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 *Warren G. Carver*

Licensed Embalmer No. *35*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.