SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-043199
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3093

FILED NOV 21 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rock Hill — Length of stay in 1b: 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2626 Rockford Ave. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Rock Hill — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2626 Rockford Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: NMI Last: Moreland
4. DATE OF DEATH: Month: Nov. Day: 1st. Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-16-1893
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener
10b. KIND OF BUSINESS OR INDUSTRY: Landscape
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Moreland
13b. MOTHER'S MAIDEN NAME: Margaret Clifft
14. NAME OF HUSBAND OR WIFE: Margaret Moreland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW# 1
17. INFORMANT: William Moreland — Address: 3529 Cambridge Maplewood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Lung abscess and possible
DUE TO (c): Carcinoma of Lung.
INTERVAL BETWEEN ONSET AND DEATH: 1950-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9-14-45 to 10-01-61 and last saw her/him alive on 10-01-61
Death occurred at 7:00PM 11-1-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ellsworth B Whitmore DO
22b. ADDRESS: 5 N Gore Webster Groves 19 Mo
22c. DATE SIGNED: 11-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-4-1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG.: 11-2-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 Melvin Barteau

Licensed Embalmer No. 4903

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.