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FILED JAN 31 1944

State File No. _____

Registration District No. 277

Primary Registration District No. 6676465

Registrar's No. 194

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Rock Hill.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2626 Rockford
(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)

3. (a) PRINT FULL NAME John Moreland

3. (b) If veteran, name war NO
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Mar. 15, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Excavating Contractor

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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 Edward Cooper

(b) Address 2519 Mentor, Rock Hill, Mo.

17. (a) Burial (b) Date thereof Jan. 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Kirkwood, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) JAN 25 1944 (b) E. S. McHaven, M.D.
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 2626 Rockford Ave.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1- day 23-
year 1944 hour 6: minute 05A. M.

21. I hereby certify that I attended the deceased from May 18, 1943 to Jan. 22, 1944
that I last saw him alive on Jan. 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremic poisoning Duration 3 mo.
Due to Ch. Nephritis Myocarditis Renality not known

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy 131P
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, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Sterling (M. D. _____)
Address 7266 Manchester Date signed 1-23-44

WRITE PLAINLY—USE 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 3454

Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. ~~7456 Manchester~~

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.)

7456 Manchester

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