

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21533

State File No. 2

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 166A

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution: St. Louis County Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town Riverview Gardens 00  
(If outside city or town limits, write "RURAL")  
(d) Street No. 163 Chambers Rd. 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Robert Moreland

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

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 5 1862  
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Maries Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name Verry Bennett Moreland  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Barnwell  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant County Hospital Records  
(b) Address Clayton, Mo.

17. (a) Burial (b) Date thereof 7-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Albert H. Honpe  
(b) Address 4700 Washington Blvd.

19. (a) 7-8-48 (b) Basil Sharp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1948 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 2, 1948, to July 5, 1948  
that I last saw him alive on July 5, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar Duration 3 days

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
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? \_\_\_\_\_

23. Signature Henry H. Collins (Specify type of place) (City or town) (County) (State)  
Address 342 Overmore Dr. Date signed 7-5-48

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

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**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 W. Wilkins  
..... Licensed Embalmer No. 3575  
..... P. O. Address St. Louis Mo

**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.**