

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38727

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township..... Primary Registration District No. 1903 Registered No. 11453
 City St. Louis (No. St. Anthony Hospital) St. Ward)

2. FULL NAME

Ludwig Moritz
 (a) Residence, No. St. 16 Ward. Oakville Mausoleum
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 | 4 | 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) 1913
 (c) Name of employer 1921

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown Moritz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Anna Moritz
 (Address) Oakville Mo

15. FILED DEC 22 1927 max b stars of REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927 to Dec 21, 1927
 that I last saw him alive on Dec 21, 1927, and that death occurred, on the date stated above, at 11 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pure Nephritic Abscess around right kidney due to Ruptured Pelvis of Right Kidney Cause unknown
 (duration) yrs. mos. ds. 8
 CONTRIBUTORY (SECONDARY) Ruptured Pelvis of Right Kidney Cause unknown
 (duration) yrs. mos. ds. 8

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH Oakville Mo
 1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 20 / 27
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) A. W. Peters M. D.
Dec 21, 1927 (Address) 601 Missouri Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mo Cemetery DATE OF BURIAL Dec 24 1927

20. UNDERTAKER Chapman & Co. 2218 E. Bldg. ADDRESS

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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