

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

Do not use this space.

38837

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis Mo.** (No. **St. Johns Hospital**)

File No.....  
Registered No. **11277**  
St..... Ward)

**2. FULL NAME**

**Annie Moritz**  
(a) Residence. No. **8811 Bridgeport Brentwood** St. **12** Ward. **Brentwood Mo**  
(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 **Female** 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 **Simon Moritz**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 22 1854**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, ..... hrs. or ..... min.
	<b>75</b>	<b>8</b>	<b>24</b>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **At Home**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Belleville**  
(STATE OR COUNTRY) **Illinois**

10. NAME OF FATHER **Emed Orthop**

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

12. MAIDEN NAME OF MOTHER **Winkerson**

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

14. INFORMANT **Simon Moritz**  
(Address) **8811 Bridgeport Brentwood Mo**

15. FILED **19 12 29**  
**Max C. Stank** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **11-16-1927**

17. I HEREBY CERTIFY, That I attended deceased from **11-16-1927** to **11-16-1927** that I last saw her alive on **11-16-1927**, and that death occurred, on the date stated above, at **11:00 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Arteriosclerosis Mellitus**  
**59**  
**156 P.**

CONTRIBUTORY (SECONDARY) **Amputation of left Leg diabetic**  
**Coronary Artery Sclerosis**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

2. DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **11/13/27**

WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS  
**Chemical Laboratory of McDermott**  
(Signed) **11/18, 1929** (Address) **St. Louis Mo**

\*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 **New Riches** DATE OF BURIAL **11/19 1929**

20. UNDERTAKER **Allen H. Maughlin** ADDRESS **1631 9th**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. 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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Juli 1941