

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

Do not use this space.

APR 25 1935

10447

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033^A
 City Clayton, Mo. (No. St. Louis Co. Hospital St. _____ Ward) _____

File No. _____
 Registered No. 84

2. FULL NAME Lillie Moritz

(a) Residence, No. Wise & Benson, Overland Mo. Ward. Overland 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 Frank E. Moritz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased, last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Christ Weule

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

15. MAIDEN NAME Hanna ?

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

17. INFORMANT Frank E. Moritz
 (ADDRESS) Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL Lake Charles Cem. DATE Mar. 8, 1935

19. UNDERTAKER Jos. W. Clark
 (ADDRESS) 1125 Hodiamont Ave.

20. FILED 3/7 19 35 Robert Jambroster
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 11.05 A.M.

The principal cause of death and related causes of importance were as follows:

Sudden death; Pt. of St. Louis County Hospital and had a oph-thalmatropny operation of left eye some few days previous, being dismissed from the hospital and on her way home, when patient collapsed in the elevator. Was taken back up into hospital and suddenly died. Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? OVER
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ 3/6/35

(Signed) Hubert Stinson, M. D.
 (Address) 3718 Jennings, Rd.,
Corona, Mo., Mo.

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.

Findings; Chr. myocarditis, Chr. endocarditis,
Ischemia of brain with embolus of left portion.
of Circle Willis.

Secondary; Embolus of Circle of Willis left side/
from every. from the intima of heart, which lodged in this
evidence came, area, causing sudden death and shock plus
senility.