

Registration District No. **7911**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3432 Magnolia Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3432 Magnolia  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5  
year 1940 hour 6 minute 45 M.  
21. I hereby certify that I attended the deceased from Nov. 3<sup>rd</sup>  
1940 to Nov. 5<sup>th</sup>, 1940  
that I last saw him alive on Nov. 5<sup>th</sup> and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME William F. Moritz

3. (b) If veteran, name war ---- 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 Lillian Moritz 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: January 23, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name Caspar Moritz

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Schmidt

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Moritz  
(b) Address 3432 Magnolia Ave.

17. (a) Burial (b) Date thereof 11/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Washer-Weldale  
(b) Address 2331 S. Broadway

19. (a) NOV 8 1940 (b) J.F. Budeck  
(Date of local registrar) (Registrar's signature)

Immediate cause of death myocardial failure  
Due to Chronic myocarditis  
Due to \_\_\_\_\_

Other conditions acute gastro-enteritis  
(Include pregnancy within 3 months of death)  
caused by eating chili

Major findings: no food poisoning  
Of operations \_\_\_\_\_  
Of autopsy ABC

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 4

23. Signature Washer-Weldale (M. D. or other) \_\_\_\_\_  
Address 3353 Dubouche Date signed 11-5-40

Duration about 6 yrs.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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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.....

*Robert Wheeler*

Licensed Embalmer No. *2178*

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.**