

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

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#84449
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21172
Registrar's No. 5360

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max G. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 weeks
(Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3450 Magnolia 9
Memorial 17 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTIN MORITZ
3. (b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11th
year 1948 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from 5/15/48
_____, 19____, to June 11th, 1948.
that I last saw him alive on June 11th, 1948.
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 24, 1873
(Month) (Day) (Year)
8. AGE: Years 75 Months 3 Days 17
If less than one day hr. _____ min. _____

Immediate cause of death adenocarcinoma of the cecum & metastases
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) H/O

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Inspector
11. Industry or business Flour Milling
12. Name Casper Moritz
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schmidt
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: transverse colectomy
Of operations same
Of autopsy same
Underline the cause to which death should be charged statistically.

16. (a) Informant Theodore Moritz
(b) Address 3432 Magnolia
17. (a) Burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Reiderwieder F. H., Inc.
(b) Address 1936 St. Louis Ave
19. (a) JUN 12 1948 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

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 J. J. Braddock (Specify type of place) 1515 Lafayette (Means of injury) MA
Date signed 6/10/48 (or other)

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 Neal K. Paulson

Licensed Embalmer No. 4164

P. O. Address 1936 8th Street Ave

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.