

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44-990

FILED JAN 12 1954

State File No. 11822
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		b. COUNTY St Louis	
c. LENGTH OF STAY (in this place) 7 Day		c. CITY OR TOWN Brentwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 8812 Bridgeport Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Frank	b. (Middle) M.	c. (Last) Moritz	4. DATE OF DEATH (Month) (Day) (Year) 12 12 53
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5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-29-1908	9. AGE (In years) (Months) (Days) 45 3 13	10. UNDER 1 YEAR 11. UNDER 2 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life) City of Brentwood	10a. KIND OF BUSINESS OR INDUSTRY Fire Chief	11. BIRTH PLACE (City and State or Foreign Country) Brentwood	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank J. Moritz	13b. MOTHER'S MAIDEN NAME Mary Duail	14. NAME OF HUSBAND OR WIFE Mabel Moritz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 490-28-5385	17. INFORMANT'S SIGNATURE OR NAME Marshall Moritz	17. ADDRESS 2235 Brentwood Blvd
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Thorus
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Carcinoma Lung - Rt.		

19a. DATE OF OPERATION 12/12/53	19b. MAJOR FINDINGS OF OPERATION Infected Rt Lung	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X
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22. I hereby certify that I attended the deceased from 12/7, 1953, to 12/12, 1953, that I last saw the deceased alive on 12/12/53, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph L Lucida	(Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 12/14/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/16/53	24c. NAME OF CEMETERY OR CREMATORY St Petersburg	24d. LOCATION (City, town, or county) (State) Berkeleywood MO
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DATE REC'D BY LOCAL REG. DEC 15 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE H. Bopp	ADDRESS Berkeleywood MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address *Kerkwood 22*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.