

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1954

State File No. 0687

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0687			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3930 California Av</b>				e. STREET ADDRESS (If rural, give location) <b>24 3930 California Av 2249</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>E</b>		c. (Last) <b>Morizmeier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 21 1954</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 12 1887</b>			
9. AGE (In years last birthday) <b>66</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Busch Brewery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beer Bottler</b>		13a. FATHER'S NAME <b>August Morizmeier</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kovarik</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Catherine Morizmeier 3930 California</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured abdominal aneurysm</b> <b>General arteriosclerosis</b> <b>? Left lateral stone</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>452X</b>					
22. I hereby certify that I attended the deceased from <b>Jan 16 1954</b> , to <b>Jan 21 1954</b> , that I last saw the deceased alive on <b>Jan 21 1954</b> and that death occurred at <b>11 A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>D. A. O'Dowd</b>				23b. ADDRESS <b>2919 So. Kings Highway</b>		23c. DATE SIGNED <b>1-22-54</b>			
24a. BURIAL, CREMATION, RECOVERY (Specify) <b>Reburial</b>		24b. DATE <b>1/25/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery St. Louis County Mo.</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>JAN 22 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Moydell Funeral Home 1926 Allen Av</b>					

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 *Reinhold K. Lohme*.....

Licensed Embalmer No. *93*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.