

WHILE PLAINLY, WITH ONFADING INVA--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.

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

16877
Do not use this space.

REC'D JUN 12 1939

791
1003

1. PLACE OF DEATH

(a) County Registration District No. 7
(b) Township Primary Registration District No. Registered No. 4411
(c) City St. Louis, Mo. (d) Street No. 6036A Suburban Ave., St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

632 Frank E. Moritz
(a) Residence, No. 6036A Suburban Ave., St. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Moritz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov., 14, 1863.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Missouri 0

13. NAME Seidel Moritz 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Emily Stien 6

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

17. INFORMANT Mrs. Lillian Benson (ADDRESS) 6036A Suburban Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE May 15/39

19. FUNERAL DIRECTOR Jos. W. Clark, (ADDRESS) 1125 H. pdiamond Ave.,

20. FILED MAY 12 1939 J. B. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Jan 11 1939 I last saw him alive on May 11 1939. Death is said to have occurred on the date stated above, at 6.00 P. M.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis with a chronic myocarditis
Other contributory causes of importance:
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

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?..... (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 (Signed) J. B. Budick M. D.
(Address) 2206 Franklin St.

Dr. A.F. Henke,
2206 Howard St.,
Ce. 8486.

1-230 6-7

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by.....
working under my personal supervision.

Signed

Jos. W. Clark
Licensed Embalmer No. I66I

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.)