S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9004
Registrar's No. 3011

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:
5381 Wabada 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 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5381 Wabada Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 4
6. (b) Name of husband or wife Ida May Moritz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 24, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	8	hr. min.

9. Birthplace New Melle, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Butcher
11. Industry or business
FATHER
12. Name Ernst H. Moritz
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Henrietta Kronsbein
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Albert E. Moritz
(b) Address 5381 Wabada Ave.
17. (a) Burial (b) Date thereof Apr. 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Missouri.
18. (a) Signature of funeral director Wm. F. Paschedag
(b) Address 2825 N. Grand Blvd.
19. (a) APR 3 1942 (b) J. F. Breedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1942 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan. 5th, 1942, to April 2nd, 1942
that I last saw him alive on April 1st, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 Mo.
Due to Hypertension	2 Yrs
Due to	
Other conditions Enlarged Prostate (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Edwin J. Frohlich (M. D. or other) MD
Address 3635 Nr Chestnut Date signed 4/3/42

(Licensed Embalmer's Statement on Reverse Side)

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.....G W Wilkinson

Licensed Embalmer No.....35 75

P. O. Address.....

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.