

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED JAN 31 1945

1003

731

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2150 College Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2150 College Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME WILLIAM H. MORITZ

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary (Schneider)

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 3, 1879  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23  
year 1945 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Jan 21, 1945 to Jan 23, 1945  
that I last saw h. in alive on Jan 22, 1945  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>8</u>	<u>20</u>	hr. min.

Immediate cause of death angene Pectoris

Due to 93d

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Joseph Moritz

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka Driller

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Moritz

(b) Address 2150 College Avenue

17. (a) Burial (b) Date thereof 1/26.45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) JAN 24 1945 (b) J. T. Bredek  
(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?

While at work? (Specify type of place) (c) Means of injury

23. Signature A. A. Weisner (M. D. or other) M.D.

Address 4362 Warne Date signed 1-23-45

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

MOTHER FATHER

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**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 *Gustav W Reitzel*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

**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.**