

# STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 8

1090  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WARRENTON Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u> <u>0923</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>312 Houston</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>MORATZ</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 27 52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>FEB 26 1867</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Business</u>	
11. BIRTHPLACE (State or foreign country) <u>Haley Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John E. Moratz</u>		13b. MOTHER'S MAIDEN NAME <u>Calyabuth Beech</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Helen Moratz</u>		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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Moratz</u> ADDRESS <u>312 Houston St</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia related Hypostatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>		
	DUE TO (c) <u>Fracture Simple comminuted</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Surgical neck left femur</u>			<u>5 weeks</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>removed in fall at Katie Jane Memorial Home Warrenton Mo</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Warrenton Mo</u>
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? <u>E9037-20</u>

22. I hereby certify that I attended the deceased from Jan 15, 1950, to Jan 27, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 1205 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold O. Hochstadt MD</u>		23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>1-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 30 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-7-52</u>	REGISTRAR'S SIGNATURE <u>Blayde Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huckmann, Bonnie St Charles Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arthur C. Bane*

Licensed Embalmer No. 3155

P. O. Address *St. Charles 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.