

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2067-62-008490
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

VS 300
Rev. 4/59

1

2 **209**

3

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11

12 **76-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH **8 1962**

a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **5 months**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY _____

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **4343 Gano Avenue** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **JOHN MORITZ**

4. DATE OF DEATH Month Day Year **2 16 62**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-3-1891** 9. AGE (last birthday) **70**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Stove Moulder (retired)** 10b. KIND OF BUSINESS OR INDUSTRY **Buck Stove Company** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Joseph Moritz** 13b. MOTHER'S MAIDEN NAME **Fredericka Driller** 14. NAME OF HUSBAND OR WIFE **not stated**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Mrs. Marie Nauman, 4618 Shirley Place** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **CARCINOMA, HEAD, NECK AND LUNG, METASTASIS** INTERVAL BETWEEN ONSET AND DEATH **253 YEARS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **CARCINOMA, TONGUE AND PALATE** **2103 YEARS**

DUE TO (c) **199-2**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **ANEMIA (POST HEMORRHAGE)**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **10-5-61** to **2-16-62** and last saw her/him alive on **2-16-62** Death occurred at **6:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **John J. Keenan** (Degree or title) **MD** 22b. ADDRESS **5800 Ceresnal Ave** 22c. DATE SIGNED **2-17-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Feb 21 1962** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

24. FUNERAL DIRECTOR, ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis, Missouri** 25. DATE RECD. BY LOCAL REG. **FEB 20 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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 Sheldon A. Burnley

Licensed Embalmer No. 4202

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.