

FEB 16 1938

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

4177
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township CARONDELLET Primary Registration District No. _____ Registered No. 98
(c) City St. Louis (d) Street No. 111 West Holden 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

Paul J. Fritzemeyer 632.
(a) Residence, No. 111 W. Holden St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
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) Hermann
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Fritzemeyer
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Paul E. Fritzemeyer - Son
(ADDRESS) 111 W. Holden

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Jan. 17, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED 1-15 THEODORE R. MEYER (Address) 3616 S. B'way

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1937, to 1-14, 1938
I last saw him alive on 1-12, 1938 Death is said to have occurred on the date stated above, at 3:10 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis ?

Other contributory causes of importance: ABC

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____ (Signed) O. H. Jones M.P.

(Address) 3616 S. B'way

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.

A. L. Jones
3614 S. B. way
1:30 p.m.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister
L. E. 3871 and Virgil Berryman, L. E. No. 4018
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed George W. Hoffmeister
Licensed Embalmer No. 2426

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.)