

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

REC'D AUG 11 1939

791
1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis Mo. 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4032 S. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME 632 Albert Fritz

3. (b) If veteran, name war No 3. (c) Social Security No. 492-01-4799

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Anna M. 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Dec., 29, 1877
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Chariton Barbacue

MOTHER FATHER { 12. Name Jacob Fritz

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

14. Maiden name Richardine Herm

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

16. (a) Informant's own signature Edwin Muenberg

(b) Address 4423a Nebraska

17. (a) Burial (b) Date thereof 7-6-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director J. H. Gebken

(b) Address 2842 Meramec Ave.

19. (a) JUL 6 1939 (b) J. E. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day July
year 1939 hour 1:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6/26/39
_____, 19____, to 7/4, 1939

that I last saw him alive on 7/4
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
urinary bladder. Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

28. Signature J. E. Bredbeck (M. D. or other) _____

Address City Hospital Date signed _____

Em Blank signed

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 _____

Licensed Embalmer No. _____

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, above space should be left blank.