

60M-5-17-39
 Rev. 5-17-39
 I 11951

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

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.

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Luke's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 hours
 (Specify whether _____)
 In this community 50 years
 years, months or days

3. (a) PRINT FULL NAME Henry P. Fritsch, 632
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Mary F. Fritsch 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 10, 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 5 hr. _____ min.

9. Birthplace St. Marys, Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation V. Pes. Vane-Calvert P't
Paint Manufacturers.

11. Industry or business _____
 12. Name William Fritsch
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Blehler
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Robert Stephens
 (b) Address 600 Polo Drive

17. (a) Burial (b) Date thereof 7/17/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
 (b) Address 3621 Olive St.

19. (a) JUL 16 1939 (b) J. B. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 20 N. Kingshighway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 15
 year 1939 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 08 1939, to July 15 1939
 that I last saw him alive on July 15 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative heart disease Duration 1936

Due to Arterio Sclerosis

Due to Arterio Sclerosis 1936

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 1

28. Signature J. B. Brudeck (M. D. or other) _____
 Address 3720 Washington Date signed 7-16-39

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

011 Melvin L. Phelan

Licensed Embalmer No. *4052*

P. O. Address *3621 Alvin*

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.