

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34237
8775
Registrar's No.

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1008 **DEPT NOV 13 1939**
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years,
6 months & 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Fred Fritsch 1032
(b) If veteran, name war Unknown
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 13
year 1939 hour 9:10 minute P.M.
21. I hereby certify that I attended the deceased from Apr. 8,
1937 to Oct. 13, 1939,
that I last saw him alive on Oct. 13, 1939,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (b) Name of husband or wife Ida 6. (a) Single, widowed, married, divorced Div.
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 10 1866
(Month) (Day) (Year)

Immediate cause of death Bilateral Bronchopneumonia
Duration _____
Due to Hypertensive Cardis -
Vascular - Renal
Disease
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
73 4 3 hr. _____ min.

9. Birthplace Baltimore Md.
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business _____
12. Name Chas. Fritsch 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy Ni.
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature J. Sullivan
(b) Address 5800 Arsenal St.

22. If death was due to external cause, 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? _____

17. (a) Burial (b) Date thereof 10-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director W. Clark
(b) Address 1125 Hadiamont ave.

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature E. J. Piers (M. D. or other) _____
Address 5600 Arsenal Date signed _____

19. (a) OCT 15 1939 (b) _____
(Date received local registrar) (Signature of Registrar)

WHITE PAPER - 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.

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 Jas. W. Clark.
Licensed Embalmer No. 1661.
P. O. Address 1125 Stadium

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.