

No. 2  
4-13-40  
-17-39  
X23159

FILED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15831  
Registrar's No. 835

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County. St. Louis  
(b) City or town. Normandy  
(c) Name of hospital or institution: Mother of Good Council Home  
(d) Length of stay: In hospital or institution. 2 Days  
In this community. all of life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St.  
(c) City or town St. Louis  
(d) Street No. 4266 Red Bud Ave.  
(e) If foreign born, how long in U. S. A. 17 years.

3. (a) PRINT FULLNAME Katherine Fritz  
(b) If veteran, name war. none  
(c) Social Security No. none

4. Sex female 5. Color white  
6. (a) Single, widowed, married, divorced, widowed  
(b) Name of husband or wife. husband  
(c) Age of husband or wife if alive. years  
7. Birth date of deceased. Jan. 5 1863

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 16  
year 1941 hour 9: minute 20 A.M.  
21. I hereby certify that I attended the deceased from Feb. 15 to April 16 1941  
that I last saw her alive on April 15 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 3 Days 11  
If less than one day hr. min.

Immediate cause of death. Cerebral hemorrhage.  
Due to. Cerebral arteriosclerosis  
Other conditions. \$32W  
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home  
11. Industry or business  
12. Name Mathias Kaiser  
13. Birthplace Germany  
14. Maiden name Katherine Schwartz  
15. Birthplace Missouri

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

16. (a) Informant Mrs Katherine Fritz  
(b) Address 4266 Red Bud Ave.  
17. (a) Burial (b) Date thereof 4 - 18 41  
(c) Place: burial or cremation. Calvary Cemetery

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director. W.A. Stroh  
(b) Address 4266 Red Bud Grand Blvd  
19. (a) APR 16 1941 (b) Registrar's signature

While at work? (Specify type of place) (c) Means of injury  
23. Signature Arthur S. Snelson (M. D. or other)  
Address 2202 Chestnut Date signed 4/16/41

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

36  
0  
0

2202  
Ce. 3995  
230  
Wm. W.

**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 Frank A. Brown

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

**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, fact should be so stated above.**