

STANDARD CERTIFICATE OF DEATH

State File No. 30043
Registrars' No. 7382

791

1003

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(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: De Paul
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Fritz

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 Anna Roth

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 4, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 8

If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business R.R. Supt.

12. Name John Fritz

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Rose Kettle

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Burke 1

(b) Address East St. Louis, Ill

17. (a) Burial (b) Date thereof Sept. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas. Burke

(b) Address East St. Louis, Ill

19. (a) SEP 12 1941 (b) J. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____

(c) City or town East St. Louis A.R.O
(If outside city or town limits, write "RURAL")

(d) Street No. 1731 Gaty Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1941 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 8-28-35 to 9-12, 1941
that I last saw h. im alive on 9-12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 5 hrs

Due to Hypertension & atherosclerosis 6 yrs

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy _____

Duration _____

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 _____

23. Signature P.D. County (M. D. or other) M.D.

Address 4952 Maryland Date signed Sept. 12

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.....

Chas M. Burke

Licensed Embalmer No..... 2421

P. O. Address..... East St. Louis, Ill

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.