S. No. 2
M—1-4-41
5-17-39
P1 X26390

Andrae

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7259

State File No.

FILED MAR 15 1943

Registration District No. 1278

Primary Registration District No. 3054

Registrar's No.

82
2
1

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at her Home 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 65 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82 2

(c) City or town Louisiana 1 (If outside city or town limits, write "RURAL")

(d) Street No. 323 So 7th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Mrs Mary C Fritz

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jake Fritz

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

7. Birth date of deceased Nov 5 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 29 If less than one day hr. min.

80

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

10. Usual occupation Home

11. Industry or business Home

FATHER
12. Name Delbrugge
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs John Fritz

(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 43 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director F C Haley Jr

(b) Address Louisiana Mo

19. (a) 2/4/43 (Date received local registrar) (b) F C Haley Jr Deputy (Registrar's signature)

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 4th year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 26, 1943 to Feb 4, 1943 that I last saw her alive on Jan. 26 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	1 day
Due to: chronic Cholecystitis	1 yr +
Due to: " Cholelithiasis	?
Other conditions (Include pregnancy within 3 months of death): Chr. Arteriosclerosis Senility	

Major findings:
Of operations
Of autopsy

126

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert L. Andrae M.D. (M. D. or other)

Address Louisiana, Mo. Date signed 2/4/43

(Licensed Embalmer's Statement on Reverse Side)

ROBERT L. ANDRAE, M. D.

730 Lumber

RECEIVED
District Health Officer No. 10
District File Number 3-43-569
Date Filed MAR 12 1943

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, Mo.

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.