

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 320
Registrar's No. 602

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town City of St. Louis
(c) Name of hospital or institution: 5721 Gravois /
(d) Length of stay: In hospital or institution 73 Years
In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town City of St. Louis 172
(d) Street No. 5721 Gravois
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sophie Fritzemeyer
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 18th
year 1944 hour 1:35 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Fritzemeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 17, 1868

21. I hereby certify that I attended the deceased from April 30, 1943 to Jan 18, 1944
that I last saw her alive on Jan 18, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 7 1 hr. min.

Immediate cause of death: Carcinoma of uterus 1 yr +
Due to
Due to
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Hamburg Germany
10. Usual occupation Housewife
11. Industry or business At Home
12. Name MOTHER, FATHER Henry Viesselmann
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Fritzemeyer
(b) Address 5721 Gravois
17. (a) Burial (b) Date thereof 1-21-44
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Southern Funeral Ho
(b) Address 6322 So. Grand Blvd
19. (a) J.F. Busch (b) J.F. Busch

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?
23. Signature G.H. Schaeffer (M. D. or other) M.D.
Address 54019 Gravois Date signed 1-19-44

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.....

Virgil L. Benyman

Licensed Embalmer No.....

4618

P. O. Address.....

St. Louis, 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.