

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19699  
Registrar's No. 1097

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town 9701 803rd Ave. Lemp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mt. St. Rose Sanatorium D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 years  
(Specify whether  
In this community 47 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis  
(c) City or town 9701 803rd Ave. Lemp  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9101 So. BROADWAY  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK FRITCH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife MABEL MAY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 21 1891  
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Middletown, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Cosmetic Mfg.

11. Industry or business \_\_\_\_\_

12. Name John Albert Fritch

13. Birthplace Dayton Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Pontius

15. Birthplace 2 Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Gloria Stephenson

(b) Address 3118 1/2 So. Sarah Street

17. (a) Burial (b) Date thereof 6-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) 6-2-47 (b) Charles J. Shapiro MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30  
year 47 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from 4-20, 1940, to 5-30, 1947;  
that I last saw him alive on 5-30, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC AND RESPIRATORY FAILURE

Due to PULMONARY TUBERCULOSIS

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy BIL. PUL. TBC.

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)  
(c) Means of injury 0

23. Signature George M. Jenaka (M. D. or other) \_\_\_\_\_  
Address Mt. St. Rose San. Date signed 5-31-47

(Licensed Embalmer's Statement on Reverse Side) 9101 S. Broadway St. Louis 23, Mo.

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

MOTHER FATHER

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

To Quaker City

**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..... *A W Cooper*  
Licensed Embalmer No..... *3830*  
P. O. Address..... *201 Fayette*

**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.**