FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20933
Registrar's No. 5856

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: Curtis City Hosp 3614 No 11th St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town (If outside city or town limits, write "RURAL") 17
(d) Street No. 3614 No 11th St (If rural, give location) 9
26 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fritz Harrendorf
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Christina
6. (c) Age of husband or wife if alive years
7. Birth date of deceased — (Month) — (Day) 1872 (Year)

8. AGE: abt Years 76 Months — Days — If less than one day hr. min.
9. Birthplace Hanover (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unemployed
FATHER
12. Name Unknown Harrendorf
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Edmund K. Jobs
(b) Address 4521 Durant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) JUN 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 29 p
year 1948 hour 3:59 minute P M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to 108	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 3
23. Signature Thomas P. Collins (M.D. or other)
Address Coroner Date signed 6-30-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Registered Apprentice No.....

working under my personal supervision.

Signed G. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 1103 East Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.