

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21410  
Registrar's No. 5281

FILED JUN 28 1948 318

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(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

3. (a) PRINT FULL NAME EDWARD TRITSCHLER

3. (b) If veteran, name war World War 2 3. (c) Social Security No. 488-05-4110

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irraine Tritschler 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased September 21 1914  
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

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

12. Name Edward F. Tritschler

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

14. Maiden name Alma Christian

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

16. (a) Informant Edward F. Tritschler

(b) Address 3703 Illinois Ave

17. (a) Burial (b) Date thereof 6-10-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Reginald Brock

(b) Address JUN 9 1948 6409 Gravois Ave

19. (a) \_\_\_\_\_ (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boon  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1447 A. Peabody Court  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th  
year 1948 hour 10 minute 20 P M.  
6/4/48

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to June 6th, 1948

that I last saw him alive on June 6th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute necrotizing hemoragic pancreatitis

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

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

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

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

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature Walter K. Park (M.D. or other) \_\_\_\_\_

Address 1515 Lafayette Date signed 6/7/48

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

MOTHER FATHER

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**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 *Abner H. Fritz*

Licensed Embalmer No. *3882*

P. O. Address.....

**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.**