FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 23 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

24293

State File No. 6367

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

**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:
7406 Vulcan 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 St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 7406 Vulcan St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Fritsch

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 Conrad

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

7. Birth date of deceased August (Month) 14 (Day) 1875 (Year)

8. AGE: Years 72 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown Wunsch
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Mary Messmer
(b) Address 7406 Vulcan St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) JUL 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 17
year 1948 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 1947 to July 16 1948;
that I last saw her alive on July 16 1948;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congestive heart failure | 1 yr |
| Due to: Arteriosclerosis H.D. | |
| Due to: Senility | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 A. D. Hoffmeister (M. D. or other)
Address 4006 S. Broadway Date signed 7/19/48

(Licensed Embalmer's Statement on Reverse Side)

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

4065 S. Grand
1-3 LO 2711
7-9 M. W. F.

## 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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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

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