. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31585

FILED OCT 4 1948

Registration District No. 1947 — Primary Registration District No. 3068 — Registrar's No. 96

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Maplewood, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3007 Barthold, Maplewood, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — (Specify whether years, months or days)
In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Maplewood (If outside city or town limits, write "RURAL")
(d) Street No.: 3007 Bartold (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Otto J. Fritze
3. (b) If veteran, name war: —
3. (c) Social Security No.: 494-01-6783

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Caroline I. Black
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: October 1, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	—	hr. min.

9. Birthplace: Cowling (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Chauffeur
11. Industry or business: Stationers
FATHER
12. Name: Rev. Philip M. Fritze
13. Birthplace: Baltimore (City, town, or county) Maryland (State or foreign country)
MOTHER
14. Maiden name: Emilie Grosse
15. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Caroline I. Fritze
(b) Address: 3007 Bartold, Maplewood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Paul Churchyard
18. (a) Signature of funeral director: BEIDERWIEDEN F.H. INC.
(b) Address: 1936 St. Louis Avenue
19. (a) 9-3-48 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature) (C.H.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1 year 1948 hour 8: minute 30 P. M.
21. I hereby certify that I attended the deceased from 6-13-41 to 9-2 19..., 19..., that I last saw him alive on 9-23 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration
Due to: Angina
Due to: 9 yr
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:

23. Signature: Wm. B. Kourik (M. D. or other)
Address: 415 Fritz Bldg. Date signed: 9/2/48

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

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

Dr. Wm. B. Kountz
4500 Olive Street

1:00 - 4:30 P.M.

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 Neal C. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.