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FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35627

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2430

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY St. Louis.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves,		c. CITY (If outside corporate limits, write RURAL and give township) 45th OR TOWN Webster Groves,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 332 N. Bompert Ave,		d. STREET ADDRESS (If rural, give location) 332 N. Bompert Ave.,	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) JOHN	c. (Last) FRITZ.	4. DATE OF DEATH (Month) (Day) (Year) Oct 10, 1950.
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5. SEX Male. D	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH March 17, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres Geo J. Fritz Foundry & Machine Co.,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. D	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George J. Fritz.	13b. MOTHER'S MAIDEN NAME Minna Weisel.	14. NAME OF HUSBAND OR WIFE Elsa J. Fritz.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. 493-07-9642	17. INFORMANT'S SIGNATURE OR NAME Mrs G. J. Fritz, 382 N. Bompert, Webster.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complications CARCINOMA STOMACH	13 MO		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 15, 1950**, to **Oct 10th, 1950**, that I last saw the deceased alive on **Oct 10th, 1950**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Theodore P. Schibel M.D.	23b. ADDRESS 2203 Lawrence	23c. DATE SIGNED Oct 10th 1950
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24a. BURIAL, CREMATION REMOVAL (Specify) ENTOMBMENT	24b. DATE 10/12/50.	24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
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DATE REC'D BY LOCAL REG. 10-10-50	REGISTRAR'S SIGNATURE Theodore M. Schibel	25. FUNERAL DIRECTOR'S SIGNATURE G.R. Lupton & Sons,	ADDRESS 7233 Delmar Blv'd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Arnold W. Schiene

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3864

P. O. Address _____

St. Louis, Mo.

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

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