

DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42255**
Registrar's No. **10515**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10515	
1. PLACE OF DEATH a. COUNTY St. Louis.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5655 Hiller Place.				d. STREET ADDRESS (If rural, give location) 5655 Hiller Place			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) J.		c. (Last) Fritz.		4. DATE OF DEATH (Month) (Day) (Year) Dec 8 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 19 1868	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 3		YEAR 19		IF UNDER 24 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box Maker		10b. KIND OF BUSINESS OR INDUSTRY United Drug Co		11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Helen Fritz.			
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. None		17. INFORMANT'S SIGNATURE OR NAME Bernard Fritz ADDRESS 5655 Hiller Place			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Apoplexy DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH years 10 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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 H 222					
22. I hereby certify that I attended the deceased from Oct 1950 to Dec 8, 1950 , that I last saw the deceased alive on Dec 7, 1950 and that death occurred at 10:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) _____				23b. ADDRESS 6704 W. Florissant		23c. DATE SIGNED Dec 8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO	
DATE REC'D BY LOCAL REG. DEC 10 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 5967 W. Florissant			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *William G. Beuchler*

Signed.....
Student Embalmer

Licensed Embalmer No. *3118*

P. O. Address *St. Louis*

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.