

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18065**
Registrar's No. **4251**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis, Mo)		c. LENGTH OF STAY (in this place) 26	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3502 E. N. 14th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word			
3. NAME OF DECEASED a. (First) John (Type or Print)		b. (Middle) M.	
c. (Last) Fritz		4. DATE OF DEATH (Month) 5 (Day) 4 (Year) 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-20-1885
9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Gustave Fritz		13b. MOTHER'S MAIDEN NAME Catherine Kaiser	
14. NAME OF HUSBAND OR WIFE Agnes Fritz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-03-5466	
17. INFORMANT'S SIGNATURE OR NAME Agnes Fritz - 3502 E. N. 14th.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 3 da.		2 yrs.	
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) no	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 321X	
22. I hereby certify that I attended the deceased from July 1949 , to 5-4 , 1951, that I last saw the deceased alive on 5-4 , 1951, and that death occurred at 1200 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank J. Swychosky MD		23b. ADDRESS 2528 So. Jefferson Av.	
23c. DATE SIGNED 5-5-51			
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-7-1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
DATE REC'D BY LOCAL REG. MAY 6 1951	REGISTRAR'S SIGNATURE J. B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw Koch + Son - 3516 E. 14th	

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.....

Peter B. Dubouillet

Signed.....

Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Mo*

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.