

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43625

State File No.

No. 300
10. 48

FILED DEC 29 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4074

1800

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

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bonhomme</u> c. LENGTH OF STAY (in this place) <u>48yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rudder Lane Valley Park</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bonhomme</u> <u>4760</u> d. STREET ADDRESS (If rural, give location) <u>R.R. 2</u> <u>Rudder Lane Valley Park</u> | |
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| 3. NAME OF DECEASED a. (First) <u>Raymond</u> b. (Middle) _____ c. (Last) <u>Fritschle</u> (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12/22/51</u> | | | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>April 15, 1883</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>8</u> | IF UNDER 1 YEAR Days <u>7</u> | IF UNDER 1 HRS. Hours _____ | IF UNDER 1 HRS. Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Cleveland, Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> | |

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| 13a. FATHER'S NAME <u>Charles Fritschle</u> | 13b. MOTHER'S MAIDEN NAME <u>Augusta Raymond</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William G. Fritschle</u> <u>Valley Park</u> |
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| 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) <u>Gun-shot wound of head</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | INTERVAL BETWEEN ONSET AND DEATH _____ |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>976x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R.R. #1 Valley Park St. Louis, Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/22/51 8:30A.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Self inflicted</u> |
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22 I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Ernest J. Willmann - 3</u> <u>Coroner</u> | 23b. ADDRESS <u>Clayton, 5, Mo.</u> | 23c. DATE SIGNED <u>12/24/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/24/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-23-51</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Sompe</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meyer-Pfitzinger</u> <u>Fenton, Mo.</u> |
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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.

Student
Student Embalmer

Signed

William H. Putinger

Licensed Embalmer No. _____

4916

P. O. Address _____

Kirkwood, 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.