

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17995****FILED** MAY 19 1952**318**REG. DIST. NO. **1003** PRIMARY REG. DIST. NO.Registrar's No. **4116**

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2749	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2925 Salana		d. STREET ADDRESS (If rural, give location) 24 2925 Salana	
3. NAME OF DECEASED (Type or Print) a. (First) F b. (Middle) c. (Last) Antonie Fritz		4. DATE OF DEATH (Month) (Day) (Year) 5-1-52	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 9-9-1867
9. AGE (In years last birthday) 84	10. MONTH 8	11. DAY 8	12. HOUR 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Bohemia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Dubec		13b. MOTHER'S MAIDEN NAME ?	
14. NAME OF HUSBAND OR WIFE Henry deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Minnie Seibert		ADDRESS 2925 Salana	
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Sclerotic Degeneration DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombo Phlebitis	
INTERVAL BETWEEN ONSET AND DEATH 10 days		10 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 353X			
22. I hereby certify that I attended the deceased from Apr. 22, 1952 to May 1st, 1952 that I last saw the deceased alive on Apr. 30, 1952 and that death occurred at 4 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE William Barn		23b. ADDRESS 3601 S Jefferson	
23c. DATE SIGNED 5-1-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-2-52	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. MAY 2 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Ltd. Co.		ADDRESS 3013 Meramec	

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.....

Jack Haupt

Signed.....
Student Embalmer

Licensed Embalmer No. 4946

P. O. Address St Louis, 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.