

No. 300
10-45
NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36384
Registrar's No. 9542

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4108 N. Grand Ave.		d. STREET ADDRESS (If rural, give location) 10 4108 N. Grand Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Modenia	b. (Middle) L.	c. (Last) Fritts	(Month) October	(Day) 14,	(Year) 1952.
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 2, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William H. Mathews		13b. MOTHER'S MAIDEN NAME Mathilda Tabor		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Millerman	
				ADDRESS 4108 N. Grand Ave.	

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) <u>amblyopia and stroke</u>		DUE TO (b) <u>Myocardial infarction</u>			16 5/2	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Anterior infarction</u>			16 5/2	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Fracture of a hip</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>am. of eye</u>			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? 4221	

22. I hereby certify that I attended the deceased from Sep 25, 1951, to Oct 14, 1952 that I last saw the deceased alive on Oct 14, 1952, and that death occurred at 11:05pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carroll Smith MD</u>		23b. ADDRESS <u>1918 E. Fair Ave</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-52		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	

DATE REC'D BY LOCAL REG. OCT 16 1952		REGISTRAR'S SIGNATURE <u>Carroll Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	
				ADDRESS 2161 E. Fair Ave	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

Walter H. Burnley

Licensed Embalmer No. *43020*

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.