

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED JAN 10 1953

318

1003

11526

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2039</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6559 Smiley</b>		d. STREET ADDRESS (If rural, give location) <b>3 6559 Smiley</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert F.</b> b. (Middle) <b>Fritze</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14, 1952</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 17, 1882</b>	9. AGE (In years: last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Arnold Fritze</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Wanderver</b>	14. NAME OF HUSBAND OR WIFE <b>Melinda Fritze</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>n</b>	16. SOCIAL SECURITY NO. <b>n</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Melinda Fritze</b>	ADDRESS <b>6559 Smiley</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>10 mos</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Urinary Bladder</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Urinary Bladder</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <b>181x</b>

22. I hereby certify that I attended the deceased from **Dec 10, 1952** to **Dec 14, 1952** that I last saw the deceased alive on **Dec 10, 1952** and that death occurred at **130a m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John G. Matthews MD</b> (Degree or title)	23b. ADDRESS <b>3707 Watson Rd</b>	23c. DATE SIGNED <b>12-15-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-17-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>DEC 15 1952</b>	REGISTRAR'S SIGNATURE <b>J. Cole Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	ADDRESS <b>6322 S. Grand Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. John Matthews  
3707 Watson  
St. 3886

1 to 3 p.m.

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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 *David Lee Gorman*

Licensed Embalmer No. *4247*

P. O. Address *6327th Street*

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.