

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3106

State File No. ....

FILED JAN 28 1953

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0576</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis Mo</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis 2099</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5916 Laura Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marie</b>		b. (Middle) <b>Agnes</b>		c. (Last) <b>Fritz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-17-53</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>6-18-28</b>	
9. AGE (In years last birthday) <b>24</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Telephone</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>		13a. FATHER'S NAME <b>Otto Fritz</b>		13b. MOTHER'S MAIDEN NAME <b>Mellie Sullivan</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>500-24-1088</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Otto Fritz 5916 Laura Ave</b>			
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 <b>Pulmonary embolism</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Valvular heart disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Lobar pneumonia, rt.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>  <b>Unknown</b>  <b>2 wk</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Lower lobe</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1951</b> , to <b>Jan 17, 1953</b> , that I last saw the deceased alive on <b>Jan 17, 1953</b> , and that death occurred at <b>8:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James W. Smith</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>634 W. Grand</b>		23c. DATE SIGNED <b>1/19/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>1-20-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cabany Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>JAN 19 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. 5541 Riverside</b>		ADDRESS <b>St. Louis</b>	

(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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

W. W. Wilkins

Licensed Embalmer No. 3575

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.