

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34699

State File No.

FILED OCT 2 - 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2839

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u>		c. LENGTH OF STAY (in this place) <u>17 yrs</u>	c. CITY OR TOWN <u>Gardenville</u> d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8105 Hildesheim</u>		e. STREET ADDRESS (If rural, give location) <u>8105 Hildesheim</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathias</u> b. (Middle) c. (Last) <u>Tritz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 15, 1862</u>
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired GARDENER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gardening</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria, Hungary</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm. Tritz</u>	
13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Tritz</u>	
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 <u>James Scjloemer</u>
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) <u>Cerebral Concussion, Morbid</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>infirmitie of age</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 90 yrs old 10 yrs	
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</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>St. Louis Mo</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Sept 10 1953 11:30</u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell down steps</u>	
22. I hereby certify that I attended the deceased from <u>9-10</u> 19 <u>53</u> to <u>9-11</u> 19 <u>53</u> , that I last saw the deceased alive on <u>9-11</u> , 19 <u>53</u> , and that death occurred at <u>11:45</u> AM, from the causes and on the date stated above.			
23a. SIGNATURE <u>W. M. Tomson</u>		(Degree or title) <u>MD</u>	23b. ADDRESS <u>9505 Gravois</u>
23c. DATE SIGNED <u>9-12-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9/15/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>9/14/53</u>		REGISTRAR'S SIGNATURE <u>Herbert S. Sommers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u>
ADDRESS <u>7027 Gravois</u>		(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.....
Signature of Student Embalmer

Signed *Neville B. Frohwitter*.....

Licensed Embalmer No. *3696*

P. O. Address *7027 Gros*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.