

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31838

State File No.

FILED SEP 22 1955

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2119

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN Richmond Heights		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 2421 S. 13th ST.	

3. NAME OF DECEASED (Type or Print) a. (First) VERONICA b. (Middle) c. (Last) HRITZ			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9 1955		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Nov. 28 1902		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) OFFICE CLERK		10b. KIND OF BUSINESS OR INDUSTRY INT. SHOE CO		11. BIRTHPLACE (City and State or Foreign Country) OHIO		12. CITIZENSHIP OF WHAT COUNTRY? U-S-A	
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13a. FATHER'S NAME FRANK HRITZ		13b. MOTHER'S MAIDEN NAME ANNA DORKO		14. NAME OF HUSBAND OR WIFE NONE	
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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 MARY HRITZ		ADDRESS 2421 S. 13th St.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoleuc Ca - both lungs + liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ca of breast post-op. 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.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs?	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X		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)	
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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?	
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22. I hereby certify that I attended the deceased from **July 4, 1955**, to **Sep 9, 1955** that I last saw the deceased alive on **Sep 8, 1955** and that death occurred at **3A** m., from the causes and on the date stated above.

23a. SIGNATURE R. Musella M.D. (Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 9/9/55	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE SEPT 12 1955		24c. NAME OF CEMETERY OR CREMATORY ST. PETER'S CEM.		24d. LOCATION (City, town, or county) (State) KIRKWOOD Mo	
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DATE REC'D BY LOCAL REG. 9-11-55		REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Prairie	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3720 Washington
12 3.5100
2-4 30 Fri
only

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.....
Leo Bunde

Licensed Embalmer No. 398
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.