

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17858

318 1003 Registrar's No. 5390

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5390				
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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		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 Firmin Desloge Hospital				e. STREET ADDRESS (If rural, give location) 4159 Laclede Avenue				2195		
3. NAME OF DECEASED (Type or Print)		a. (First) MAUDE		b. (Middle) W.		c. (Last) FRICTSCHLE		4. DATE OF DEATH (Month) (Day) (Year) June 4, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 14, 1896		9. AGE (In years last birthday) 59		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee		10b. KIND OF BUSINESS OR INDUSTRY Chase Hotel		11. BIRTHPLACE (City and State or Foreign Country) Holly Springs, Ark.		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Phillip Barron			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Harold Fritschle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME Harold Fritschle - 4159 Laclede Ave.					ADDRESS	
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) Arteriosclerotic Anoxemia of Arteriosclerosis Generalized Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbidity 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. Arteriosclerotic Heart Disease								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451x						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 June 1, 1956 , to June 4, 1956 , that I last saw the deceased alive on June 4, 1956 and that death occurred at 212 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE Richard Ruderman				23b. ADDRESS 1325 Grand Ave.			23c. DATE SIGNED 6/4/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6, 1956		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. JUN 5 1956		REGISTRAR'S SIGNATURE J. Earl Smith m.d.			25. FUNERAL DIRECTOR'S SIGNATURE Wacker - Hellerle - 3634 Gravois Ave.					

S.P. (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 *Robert Wheeler*.....

Licensed Embalmer No. *21*.....

P. O. Address *St. Louis*.....

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.