

FILED SEP 6 1956 STANDARD CERTIFICATE OF DEATH

State File No. 7712
Registrar's No. 1003

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7712 | |
| 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) 1 year | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1110a John Avenue | | | | d. STREET ADDRESS (If rural, give location) 1110a John Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) c. (Last) Fritz | | | 4. DATE OF DEATH (Month) (Day) (Year) August 18 1956 | | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Nov 12 1881 | |
| 9. AGE (In years last birthday) 74 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY Homemaker | | 11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> St. Louis Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Henry Scharpon | | 13b. MOTHER'S MAIDEN NAME Lillie Liechsenring | | 14. NAME OF HUSBAND OR WIFE Henry J. Fritz (Deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vera Nolle, 1110a John Ave | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis Heart Disease 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. Hypertension | | | | INTERVAL BETWEEN ONSET AND DEATH 4 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 420.0 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 18, 1952 , to Aug 18, 1956 , that I last saw the deceased alive on Aug 18, 1956 , and that death occurred at 4:25 pm. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Edmund J. Koller M.D. | | | | 23b. ADDRESS 4968 - Delmar | | 23c. DATE SIGNED 8/20/56 | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug 22 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Missouri | |
| DATE REC'D BY LOCAL REG. AUG 20 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave | | |

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed *John W. Hay*
Student Embalmer No. _____

Licensed Embalmer No. 3737

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.