

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030401

STATE FILE NUMBER

318

1003

8558

FILED SEP 11 1958

Registration District No. Primary Registration District No. Registrar's No.

Health,
& Welfare
Public
Services

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Conv. Home		d. STREET ADDRESS 2107 S. Grand	
3. NAME OF DECEASED (Type or print) Cornelia E. Fritsche		4. DATE OF DEATH September 4, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 25, 1878
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	9b. KIND OF BUSINESS OR INDUSTRY Own Home	9c. AGE (In years last birthday) 79	9d. IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	10c. BIRTHPLACE (City and state or country) Kirkwood, Missouri
11. BIRTHPLACE (City and state or country) Kirkwood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Kossuth Strohm		14. MOTHER'S MAIDEN NAME (unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Marie Timmons, 6353 DeMara, Affton, Mo		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Arteriosclerosis + heart and kidney DUE TO (b) Renal Suppression DUE TO (c) Terminal Cardiac Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral thrombosis left - 1958 Terminal decubitus - 3 wks.			INTERVAL BETWEEN ONSET AND DEATH Years 3 weeks 2 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Jan 30, 1958 to Sept. 4, 1958 and last saw her alive on Sept. 2, 1958. Death occurred at 12:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Fred W. O'Leary (Degree or title) MO U		22b. ADDRESS 864 Hamilton Blvd. St. Louis 12 Missouri	
22c. DATE SIGNED 9-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1	23b. DATE Sept. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri
24. HOME/POSTAL ADDRESS 6464 Chippewa Street, St. Louis		25. DATE RECD. BY LOCAL REG. SEP 4 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith MO

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.....
Bill C. Brannan

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.