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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003960
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Manchester — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pine Crest Home — Length of stay in Ib: 5½ years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Manchester 4000 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Pine Crest Manchester Rd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ADOLPH Middle: J Last: FRITZ

4. DATE OF DEATH Month Day Year: Jan. 4, 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: Jan. 31, 1878 **9. AGE** (In years last birthday): 80 — 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): Retired Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Mo. Pac. R. R.
11. BIRTHPLACE (City and state or country): St. Louis, Mo. c
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Fritz
13b. MOTHER'S MAIDEN NAME: Charlotte Seibel
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Pine Crest Records, Manchester, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c) Coronary Occlusion
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility Arteriosclerosis 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]
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 May 2nd '58, to Jan. 2nd '59 and last saw ~~her~~ him alive on Jan. 2nd 1959
Death occurred at 3AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph W. Raffey, D.O.
22b. ADDRESS: Box 122, Manchester, Mo.
22c. DATE SIGNED: 1-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-9-59
23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cem
23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR: Louis H. Bopp Inc **ADDRESS:** Kirkwood Mo
25. DATE RECD. BY LOCAL REG.: 1-7-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.