

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031933

FILED VS SEP 16 1959

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leslie, Mo.</u>		Boone		Length of stay in 1b <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Leslie, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>(If outside, give location)</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LORETTA</u> Middle <u>MARIE</u> Last <u>FRITZENMEYER</u>				4. DATE OF DEATH Month <u>September</u> Day <u>9</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 13, 1894</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Wallace</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Tourville</u>			14. NAME OF HUSBAND OR WIFE <u>William F. Fritzenmeyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>William F. Fritzenmeyer, Leslie, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circumstance of labor - metastatic</u>						INTERVAL BETWEEN ONSET AND DEATH <u>11/5/58</u> <u>9/9/59</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u>		DUE TO (c) <u></u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>L:30 A.M.</u> Month, Day, Year <u>Sept 9, 1959</u>		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 <u>11/21/58</u> to <u>9/8/59</u> and last saw her alive on <u>9/8/59</u> Death occurred at <u>1301</u> <u>9/9/59</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. S. E. Rapp</u> (Degree or title)				22b. ADDRESS <u>Gerald Mo</u>		22c. DATE SIGNED <u>9/11/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 12, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Gerald, Franklin, Mo.</u>			
24. FUNERAL DIRECTOR <u>Olbrmann Funeral Home, Gerald, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Sept. 11-1959</u>		26. REGISTRAR'S SIGNATURE <u>John Charles Finley</u>		

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ernest L. Deltmann

Licensed Embalmer No. 14051

P. O. Address Gerald, Missou

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