

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034380

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2646 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 4 1963		
1. PLACE OF DEATH a. COUNTY: <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Pond</u> Length of stay in 1b: <u>19 yrs.</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>Hi # 100</u> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>Mo</u> b. COUNTY: <u>St. Louis</u>		
c. CITY OR TOWN: <u>Pond (Glencoe Mail)</u> Inside Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS (If outside, give location): <u>Rt 1, Hi # 100</u> Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED First Middle Last: <u>William Henry Fritz</u>		
4. DATE OF DEATH: <u>Aug 20 - 1963</u> Month Day Year		
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</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>5/11/1896</u>		9. AGE (last birthday): <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Hoisting Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Fruin-Colnon</u>
11. BIRTHPLACE (City, and state or country): <u>Gladwin, Michigan</u>		12. CITIZEN OF WHAT COUNTRY: <u>USA</u>
13a. FATHER'S NAME: <u>Urius Fritz</u>		13b. MOTHER'S MAIDEN NAME: <u>Marybelle Sundals</u>
14. NAME OF HUSBAND OR WIFE: <u>Edna May Fritz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>yes WW I</u>
16. SOCIAL SECURITY NO.:		17. INFORMANT: <u>May Fritz, Rt 1, Glencoe, Mo.</u> 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) <u>Acute coronary occlusion</u> DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (c) <u>20 years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH: <u>3 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Obesity</u>		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 a.m. p.m. Month, Day, Year	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: <u>Pond, Mo.</u> COUNTY: STATE:		21. I attended the deceased from <u>3-16-1942</u> to <u>8-20-1963</u> and last saw him alive on <u>8-20-1963</u> . Death occurred at <u>6:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: <u>[Signature]</u> (Degree Title)		22b. ADDRESS: <u>[Address]</u>
22c. DATE SIGNED: <u>8-21-63</u> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>
23b. DATE: <u>8/23/63</u>		23c. NAME OF CEMETERY OR CREMATORY: <u>Bethel Cemetery</u>
23d. LOCATION (City, town, or county): <u>Pond, Mo.</u>		24. FUNERAL DIRECTOR: <u>Schrader Funeral Home, Ballwin, Mo.</u> ADDRESS:
25. DATE RECD. BY LOCAL REG.: <u>8-22-63</u>		REGISTRAR'S SIGNATURE: <u>[Signature]</u>

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin 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.