

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17047  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis (d) Street No. 3041 St. Vincent St. ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791  
1008

Registered No. 4908

2. PRINT FULL NAME Wm C. Fritsche 632

(a) Residence, No. 3041 St. Vincent St. St. 17  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Hyatt Fritsche

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 1 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Wm F. Fritsche

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Rockaway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

17. INFORMANT Susan Hyatt Fritsche  
(ADDRESS) 3041 St. Vincent St

18. BURIAL PLACE Bellefontaine DATE May 28th 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co  
(ADDRESS) 3621 Olive St

20. FILED J.F. Bredbeck  
Local Registrar.

MAY 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-6- 1938 to 5-26- 1938

I last saw him... alive on 5-26- 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia  
68

Date of onset

Other contributory causes of importance: Adipose Disease, Arteriosclerosis, unknown.

Name of operation none Date of .....  
What test confirmed diagnosis: clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Louis H. Massey M. D.  
(Signed) (Address) 1831-8-90th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr L. J. Murray  
1831 So 9th St U  
2 - 3 PM

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter

, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....

No. .... or by .....

..... Registered Apprentice No. ....

working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. 3696

**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.)**