

1940
 I 12311
 MAKE PERMANENT RECORD
 USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8196

FILED MAR 7 - 1940
Registration District No. 784

Primary Registration District No. 115

Registrar's No. 266

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town W. City
 (c) Name of hospital or institution: 1610 Bradford Ave
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME EMMA FRITZ 1.32

3. (b) If veteran, name war No
 3. (c) Social Security No. 48

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Fritz 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec 18, 1897
 (Month) (Day) (Year)

8. AGE: Years 42 Months 18 Days _____ If less than one day hr. _____ min.

9. Birthplace Alton Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name William Brady
 13. Birthplace Bunker Hill Ill. (City, town, or county) (State or foreign country)

14. Maiden name Sophia Padish
 15. Birthplace Alton Ill. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Fritz
 (b) Address 1610 Bradford Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Alton Ill.

18. (a) Signature of funeral director J. J. Meyer
 (b) Address 1389 W. 100

19. (a) FEB 7 - 1940 (Date received local registrar) (b) J. J. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Louis
 (c) City or town W. City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1610 Bradford Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day Feb
1940 year 10 45 hour minute A M.

21. I hereby certify that I attended the deceased from Dec, 1937
 _____, 19____ to Feb 7, 1940;
 that I last saw her alive on Feb, 5, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum 6 mos.

Due to _____

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of rectum
& uterine carcinoma
 Of operation _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Thos. M. Davis (M. D. or other) _____
 Address 2422 N. Grand Date signed 2/7/40

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Element M. Meauf.*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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 this body is not embalmed, above space should be left blank.