

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.

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2062

1. PLACE OF DEATH  
(a) County ST. LOUIS  
(b) City or town RIRKWOOD  
(c) Name of hospital or institution: ST. Agnes Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)  
In this community 2 Months

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County St. Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME AUGUSTINE FRITSCHLE  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife Charles C. Fritschle 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased aug 28 1850  
(Month) (Day) (Year)

8. AGE: Years 96 Months 2 Days 5 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. Fritschle  
(b) Address Valley Park MO  
17. (a) Burial (b) Date thereof 11/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place of burial or cremation Bellfontain, Camp

18. (a) Signature of funeral director James W. Koch  
(b) Address Fenton MO  
19. (a) NOV 3 1941 (b) R. Mc... ..  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2  
year 1940 hour 12 minute 05 A.M.  
21. I hereby certify that I attended the deceased from May 10, 1936, to November 2, 1940  
that I last saw her alive on Nov 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 yrs  
Due to \_\_\_\_\_  
Due to 93c  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Major findings: Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Andrew Youngman (M. D. or other) \_\_\_\_\_  
Address Dappington Mo Date signed 11/2/40

JUL 10 1941

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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.....

*Kenrick W. Koch*

Licensed Embalmer No. *3047*

P. O. Address.....

*Fenton*

**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.**