

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home for the Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 yrs.**
(Specify whether years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3400 So. Grand Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **IDA FRITSCH**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Frank Fritsch** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 13 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **18** If less than one day hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jacob Christ**
13. Birthplace **Dont Know.**
(City, town, or county) (State or foreign country)
14. Maiden name **Bertha Christman**
15. Birthplace **Dont Know.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister Seraphine**
(b) Address **3400 So. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **Nov. 2, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **J. H. Gubken & Co.**
(b) Address **2842 Meramec St.**

19. (a) **Nov 1 1940** (b) _____
(Date received local registrar) (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **1st**
year **1940** hour **2** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct 1**
1940 to **Nov 1** **1940**
that I last saw **or** alive on **Oct 29** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death
**Coronary Artery Disease with
Hypertension - 7 yr
Chronic Cardiac Failure
Sclerosis 1 yr**

Other conditions
(Include pregnancy within 3 months of death)
131

Major findings:
Of operations _____
Of autopsy _____

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

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 **J. B. Beck** (M. D. or other)
Address **Union Club Bldg** Date signed **11/10**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Joseph S. Benz

Registered Apprentice No. 218

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.
P. O. Address..... St. Louis, 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 this body is not embalmed, fact should be so stated above.