. No. 2
-4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11-12

State File No. 37552

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9825

FILED DEC 11 1940

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: 3535a Louisiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missorui (b) County NOV 30 1940

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3535 Louisiana
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Augusta Fritzinger

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April (Month) 26 (Day) 1865 (Year)

8. AGE: Years 75 | Months 7 | Days 1 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Home

11. Industry or business —

FATHER
12. Name Ernst Christopher
13. Birthplace — (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie Ott
15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant X Mrs. Edna A. Meyer
(b) Address 3535 Louisiana

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/30/40 (Month) (Day) (Year)
(c) Place: burial or cremation Missouria, Crematory

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois

19. (a) NOV 30 1940 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1940 hour 11 minute 45 p.M.

21. I hereby certify that I attended the deceased from Aug 2nd, 1939, to Nov 27th, 1940
that I last saw her alive on Nov 27th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute myocarditis 2 days
Lobar Pneumonia Type 3
Due to lower left lobe 3 days
Due to
Other conditions Carcinoma of Rectum 15 mos
(Include pregnancy within 3 months of death)
Arterio Sclerosis 4 yrs

Major findings:
Of operations —
Of autopsy —

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. N. Stein M.D. (M. D. or other)
Address 3606 Gravois Date signed 11/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Whiele

Licensed Embalmer No. 2128

P. O. Address Atlantic M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.