

FILED MAY 2 1948 18

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

3689

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:  
Park Lane Memorial Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 96  
(d) Street No. 1414 Clara Avenue.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John O. Fritschie.

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lizzie Fritschie, 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased November 14, 1884.  
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ? Switzerland.  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist.

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Rudolph Fritschie.  
13. Birthplace ? Switzerland.  
(City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name Don't know.  
15. Birthplace Don't know.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lizzie Fritschie.

(b) Address 1414 Clara Avenue.

17. (a) Burial (b) Date thereof 4-22-1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) APR 21 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th.  
year 1944. hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb 15th  
1944, to Apr 19th, 1944  
that I last saw him alive on Apr 15th, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma unknown  
Primary of head of pancreas  
metastases to liver.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) H/O

Major findings: Of operations \_\_\_\_\_  
Of autopsy ca of head of pancreas and liver.

22. If death was due to external cause, 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 \_\_\_\_\_  
Clyde B. Kane (M. D. or other) \_\_\_\_\_  
Address 24624 Alton Date signed 4/20/44

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

Dr. C. lyde Kane.  
706 Walton Avenue.  
Telephone Rosedale 1686  
Hours. 10 to 12 4 to 5 8 to 10 P.M.

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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 Ben Hoffman

Licensed Embalmer No. 4366

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.