

No. 2
-5-43
5-17-39
X36672

DEPARTMENT OF CAMBIAE
BUREAU OF THE DEATHS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29324**
Registrar's No. **7893**

Registration District No. **318** 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:
St. Louis City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Weeks**
(Specify whether years, months or days) **0**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4046 Botanical Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Edward H. Fritsche**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **491-16-5047**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary E.** 6. (c) Age of husband or wife if alive **85** years
7. Birth date of deceased **Aug. 26, 1861**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **11** year **1944** hour **10:30 A.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **Aug 14** 19**44** to **Sept 11** 19**44**.
that I last saw h. **im** alive on **Sept 11** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart disease**
Due to _____
Due to _____
Other conditions... (Include pregnancy within 3 months of death) **95**
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	83	0	15	hr. _____ min. _____

9. Birthplace **Warrenton Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **NewsPaper Office**

11. Industry or business _____

12. Name **Carl Fritsche**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Johanna Zelka**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ervy Fritsche**

(b) Address **4046 Botanical Ave St. Louis, Mo.**

17. (a) **Cremation** (b) Date thereof **Sept 14, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Chapel of Memories**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester, Maplewood, Mo.**

19. (a) **SEP 13 1944** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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) _____
(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address **[Signature]**

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

MOTHER FATHER

29324
1719

8/12

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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

7456 Manchester

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.