. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21924

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6713

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo-14 Days (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 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3916 Itaska St. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Fritz

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 494-03-4984

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. (Month) 17 (Day) 1884 (Year)

8. AGE: Years 60 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Hugo N. Fritz
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Getsheimer,
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ida Fritz
(b) Address 3916 Itaska St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem, J.B., Mo.

18. (a) Signature of funeral director Wacker Heldrile
(b) Address 3634 Gravois Ave.

19. (a) JUL 31 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1945 hour 10 minute 38 A. M.

21. I hereby certify that I attended the deceased from May-20 1945, 19..., to July-29, 1945 that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lung Abscess - Lower R & left lobes with Gangrene	2 Mos
Due to:	
Due to: Septic Ulcer with Cyclone Obstruction	20 Yrs
Other conditions (Include pregnancy within 3 months of death)	

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 [signature] (M. D. or other) M.D.
Address [illegible] St. Louis Mo Date signed 7-30-45

(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 Wheeler

Licensed Embalmer No. 2178

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.