

No. 2
-12-45
5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28587
State File No. 113
Registrar's No. 48

Registration District No. 276 Primary Registration District No. 5945

1. PLACE OF DEATH:
(a) County P. Phelps - Dillon Twp.
(b) City or town Rumie no Dillon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Female nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County P. Phelps
(c) City or town Rumie no Dillon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John F. Fritzy
(b) If veteran ✓ name war _____
(c) Social Security No. no
4. Sex mo 5. Color or race w
6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec - 10 - 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 6 year 47 hour 12 minute 15 a. M.
21. I hereby certify that I attended the deceased from April 30 1945, to July 6 1947
that I last saw him alive on July 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days
Due to hypertension 2 years
Due to _____
Other conditions Chronic hepatitis 6 year
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy 1310
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
79 6 26 hr. min.
9. Birthplace St Louis mo
(City, town, or county) (State or foreign country)
10. Usual occupation mechanic (mechanic)
11. Industry or business _____
12. Name John F. Fritzy
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Harriet White
15. Birthplace mo
(City, town, or county) (State or foreign country)
16. (a) Informant Florence Weibel
(b) Address 36 E Woodbine
17. (a) Beneic (b) Date thereof 7-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation maenic Cem
18. (a) Signature of funeral director Orville LeKleider
(b) Address St James mo
19. (a) Aug 4 47 (b) W. E. Birmingham
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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 Coffman (M. D. no)
Address St James mo Date signed 7-20-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

..... *me*, Registered Apprentice No.....
working under my personal supervision.

Signed *Orace E. Lickliker*

Licensed Embalmer No. *3546*

P. O. Address *St James MD*

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.