

FILED JAN 9 1948

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. Lukes**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8727 Antler Dr.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Joseph J. G. Fritz**  
3. (b) If veteran, name war **World War I**  
3. (c) Social Security No. **498-05-1280**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edna** 6. (c) Age of husband or wife if alive **49** years  
7. Birth date of deceased **Feb. 18, 1897**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**50 10 6** hr. min.

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

10. Usual occupation **Expiditor**

11. Industry or business **McDonnell Aircraft Corp**

12. Name **George Fritz**

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

14. Maiden name **Catherine Mooney**

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

16. (a) Informant **Mrs. Edna Fritz**

(b) Address **8727 Antler Dr.**

17. (a) **Burial** (b) Date thereof **12/27/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**

(b) Address **131 W. Argonne Dr., Kirkwood**

19. (a) **DEC 27 1947** (b) **J. P. Bremer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **24** year **1947** hour **2** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **December 24, 1947** to **December 24, 1947**; that I last saw him alive on **December 24, 1947**; and that death occurred on the date and hour stated above.

Immediate cause of death **Apple coronary occlusion** Duration **2 hrs.**  
**slowtherosclerosis of coronary arteries** years

Other conditions (Include pregnancy within 3 months of death) **PH**

Major findings: Of operations **none**

Of autopsy **same**

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 **W. Baumgartner** (M. D. or other) **MD**  
Address **3720 Washington Blvd.** Date signed **12/26/47**

PHYSICIAN  
Underline the cause of which death should be charged statistically.

WRITE MAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1-18-22

JAN 13 1948

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 Peter B. Dulroault

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.