S. No. 300
v. 10.48

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FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32531

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2120

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vanita Park
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8245 Monroe Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vanita Park
d. STREET ADDRESS (If rural, give location): 8245 Monroe

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): A.
c. (Last): ~~Monroe~~ Fritz

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months: 0 Days: 3 — IF UNDER 24 HRS. Hours: 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Berger, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Fritz
13b. MOTHER'S MAIDEN NAME: Josephine Bohrn
14. NAME OF HUSBAND OR WIFE: Emma Gerdt Fritz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Emma Fritz 8245 Monroe Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis	5 years
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Nephritis	7 yrs.
DUE TO (c)		592
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Prostatitis	5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none 592
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5th, 1914, *to* Sept. 5, 1949, *that I last saw the deceased alive on* Sept 4, 1949, *and that death occurred at* 7 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Arnold H. Wurzer MD.
23b. ADDRESS: 3115 Brown Rd
23c. DATE SIGNED: Sept. 6, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/7/49
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis? Mo.

DATE REC'D BY LOCAL REG.: 9-6-49
REGISTRAR'S SIGNATURE: Herbert R. Demke/dm
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ortmann Funeral Home, Overland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

V-27
5114

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 _____, Student Embalmer No. _____, working under my personal supervision.

Signed L. M. White

Signed _____
Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.