

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32166**

FILED OCT 5 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3256**

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| 1. PLACE OF DEATH a. COUNTY St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) Normandy | | c. CITY (If outside corporate limits, write RURAL and give township) Bel Nor | |
| c. LENGTH OF STAY (in this place) 17 days | | 18 TOWN Bel Nor 4180 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital | | d. STREET ADDRESS (If rural, give location) 2809 Wakonda | |

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|---|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) MARTHA FRITCH | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) 9 24 1951 |
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|-------------------------|-------------------------------|--|-----------------------------------|--|-----------------|-----------------|-----------------|
| 5. SEX Female | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH 9-4-96 | 9. AGE (In years last birthday) (Months) (Days) 54 | IF UNDER 1 YEAR | IF UNDER 1 HOUR | IF UNDER 1 MIN. |
|-------------------------|-------------------------------|--|-----------------------------------|--|-----------------|-----------------|-----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY -- | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? US |
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| 13a. FATHER'S NAME August L. Pickhardt | 13b. MOTHER'S MAIDEN NAME Mary Becht | 14. NAME OF HUSBAND OR WIFE George A. Fritch |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George A. Fritch, 2809 Wakonda Dr. Bel-Nor |
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| 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, asphyxia, 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) Myocardial Infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cornary. Thrombosis DUE TO (c) Arteriosclerotic Cardiovascular | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Organs: -- | | | |

| | | |
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| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None during this hospitalization period. | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Feb. 1951** to **9/27**, 1951, that I last saw the deceased alive on **9/24**, 1951, and that death occurred at **6:57 P.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Dr. Cor Salerno | (Degree or title) | 23b. ADDRESS 7320 Hounset Rd | 23c. DATE SIGNED 9/27/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/27/51 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG. 9-26-51 | REGISTRAR'S SIGNATURE Herbert R. Drake MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvon Feutz Funeral Home 4828 N. atrual Bridge |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

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.