

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2918
STATE FILE NUMBER
243

FILED JAN 17 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 243

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4052 Potomac St.
3. NAME OF DECEASED (Type or print) First Middle Last Charles J. Fritz		4. DATE OF DEATH Month Day Year Jan. 7, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 28, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug Business	11. BIRTHPLACE (City and state or country) Monroeville, Ohio
13a. FATHER'S NAME Matthew Fritz		13b. MOTHER'S MAIDEN NAME Frances Fischer	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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. Unknown	17. INFORMANT Address Mrs. Judith F. Foster-Kirkwood, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterial sclerosis of heart senility DUE TO (b) senility DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0			INTERVAL BETWEEN ONSET AND DEATH 1yr
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan - 1957 to 1-7-58 and last saw him alive on 1-7-58 Death occurred at 2:35 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. F. Murray (Degree or title) L. F. Murray M.D.		22b. ADDRESS 605a Russell 605-A Russell	22c. DATE SIGNED 1-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Jan. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	25. DATE RECD. BY LOCAL REG. JAN 9 '58
26. REGISTRAR'S SIGNATURE J. Pearl Smith, M.D. S.P.			

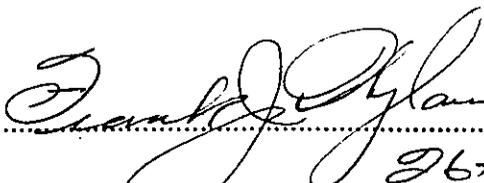
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms or signs of disease in Part I must be causally related.

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.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 267

P. O. Address. M. Serv...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.