SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MAR 28 1961 AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2592

STATE FILE NUMBER 61-010803

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: ------
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Park Lane Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3637 Palm Street, 7,
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ANNA Middle: M. Last: FRITSCHE

4. DATE OF DEATH: Month March Day 16th Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2-14-1887
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: (Unknown) Weiler
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Louis Fritsche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Louis Fritsche, Address: 3637 Palm Street, 7,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial damage, myocardail infarction	1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive cardiac disease	2 months
DUE TO (c)	atherosclerosis and cachexia from degenerated blood vessels	over 2 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the disease condition given in PART I (a): 420.1

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): none
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1st 1961, to March 16, 1961 and last saw her/him alive on 3/16/61
Death occurred at 9:10 A.M. 3/16/61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry E. Rosenberg M.D.
22b. ADDRESS: 1467 Union Blvd. St. Louis 13, Mo.
22c. DATE SIGNED: March 16, 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-18-61
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: CALVIN F. FEUTZ FUNERAL HOME
ADDRESS: 4828 Natural Bridge Blvd., St. Louis, 15, Missouri
25. DATE RECD. BY LOCAL REG.: MAR 18 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

File in City

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 Robert E. Mallemann

Licensed Embalmer No. 4916

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