

AMENDED

DATE AMENDED

10/20/61

11/3/61

11/3/61

INSTEAD OF

Henry B. Fritz

4144

494-02-3701

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

13a Henry B. Schleich

1c 2d 17 4464 S. Spring

16 494-03-3901

BY AFFIDAVIT OF Fun. Dir.

Registration District No. 318. Primary Registration District No. 1003 Registrar's No. 8779 STATE FILE NUMBER -61-034323

FILED OCT 13 1961

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 4464 S. 4144 SPRING
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY
 c. CITY OR TOWN ST. LOUIS
 Inside Limits Yes No
 d. STREET ADDRESS 4464 S. 4144 SPRING
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
EMILY FRITZ
 4. DATE OF DEATH Month Day Year
SEPT. 19 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Widowed Never Married Divorced
 8. DATE OF BIRTH AUG. 29 1908 9. AGE (last birthday) 53
 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) OFFICE WORKER
 10b. KIND OF BUSINESS OR INDUSTRY MEDICAL CO.
 11. BIRTHPLACE (City and state or country) ST. LOUIS MO.
 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME B. Schleich HENRY FRITZ
 13b. MOTHER'S MAIDEN NAME ANNA GANTNER
 14. NAME OF HUSBAND OR WIFE GEORGE FRITZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
 17. INFORMANT GEORGE FRITZ Address 4464 S. 4144 SPRING

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Coronary Occlusion with
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Infarct of left Ventricle.
 DUE TO (b) 4201
 DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes 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.)
 20c. TIME OF INJURY Hour s.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.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ her and last saw him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Schleich
 22b. ADDRESS 1300 Clark
 22c. DATE SIGNED 9-21-61

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE SEPT. 22, 1961
 23c. NAME OF CEMETERY OR CREMATORY SUNSET
 23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR Thomas Kute ADDRESS 2906 GRAYOIS
 25. DATE RECD. BY LOCAL REG. SEP 21 1961
 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 James C. White

Licensed Embalmer No. 4347

P. O. Address 2906 Duane

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.