

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE  
STANDARD CERTIFICATE OF DEATH

9994-61-038565  
STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

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. CITY OR TOWN ST LOUIS Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1714<sup>th</sup> S. 12<sup>th</sup> ST. Inside Limits Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last CECILIA FRITZ 4. DATE OF DEATH Month Day Year OCT 27 1961  
5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH SEPT 26 1896 9. AGE (last birthday) 65 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) KITCHEN HELPER FAMOUS + BARR CO 10b. KIND OF BUSINESS OR INDUSTRY FAMOUS + BARR CO 11. BIRTHPLACE (City and state or country) MISSOURI 12. CITIZEN OF WHAT COUNTRY U-S-A  
13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. \_\_\_\_\_ 17. INFORMANT GEORGE FRITZ Address 1714<sup>th</sup> So. 12<sup>th</sup> ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Fracture of left elbow; Coronary thrombus apparently suffered in fall  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. exact time and place could not be determined.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) accident  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 904.9-45  
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.) see above

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.) 00 20f. CITY, TOWN, OR LOCATION ST Louis, Mo COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 745 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Simon (Deputy Coroner) 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 10/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE OCT. 31 1961 23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY 23d. LOCATION (City, town, or county) ST. LOUIS CO MO.

24. FUNERAL DIRECTOR Thomas Hatis ADDRESS 2906 Gravois 25. DATE RECD. BY LOCAL REG. OCT 28 1961 26. REGISTRAR'S SIGNATURE Paul Smith, M.O.

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

RECEIVED

**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 *Carol Thompson*

Licensed Embalmer No. 4861

P. O. Address Clayton Me

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.