

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028647

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6936** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
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2 <i>20</i>		
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4 <i>0</i>		
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12 <i>92.3</i>		
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91	INSTEAD OF	DOCUMENT
USE BLACK INK OR TYPEWRITER RIBBON	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
ITEM NO.	SHOULD READ	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b D.O.A.	c. CITY OR TOWN St Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5429a Gertrude Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Harold L Fritsch			4. DATE OF DEATH Month Day Year July 13 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 24, 1925
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tackpointer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 37 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Fred Fritsch		13b. MOTHER'S MAIDEN NAME Rose Neff	14. NAME OF HUSBAND OR WIFE Pauline Fritsch
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 Address Pauline Fritsch 5429a Gertrude
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock, resulting from multiple injuries, multiple fractures, and internal hemorrhage, suffered in fall when rope of scaffold broke while working at 3018 Washington Ave., about 1:46 P.M. on July 13 - 1962</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Fall with scaffold</i>	
20c. TIME OF INJURY Hour <i>1:46</i> p.m. Month, Day, Year <i>7-13-62</i>	20d. INJURY OCCURRED WHILE AT WORK <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.) <i>25</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>3018 Washington Ave.</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>2:00 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & title) <i>John L. Ziegenhein Deputy Registrar</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>7-16-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/16/62	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) St Louis County Mo.
24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois		25. DATE RECD. BY LOCAL REG. JUL 16 1962	26. REGISTRAR'S SIGNATURE <i>Paul Smith Mo.</i>

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

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.