

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis Mo (NO. 2242 Osage)Registration District No. 791File No. 33162Primary Registration District No. 1008Registered No. 8647St. 10 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Alice Fitzenrieder

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)DATE OF DEATH September 22nd, 1911
(Month) (Day) (Year)DATE OF BIRTH January 25th, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Sept. 9th, 1911, to Sept. 22nd, 1911, that I last saw her alive on Sept. 16th, 1911, and that death occurred, on the date stated above, at 7³⁰ a.m.AGE 0 yrs. 7 mos. 28 ds. If LESS than 1 day, ____ hrs. or ____ min.?The CAUSE OF DEATH* was as follows:
Mal-nutrition - 104
Marasmus - due to improper
feed - poor nursing -OCCUPATION (a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) St. Louis MoNAME OF FATHER Frank FitzenriederBIRTHPLACE OF FATHER (City or town, State or foreign country) MissouriMAIDEN NAME OF MOTHER Esther TrueBIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Esther Fitzenrieder(ADDRESS) 2242 OsageFiled SEP 23 1911 Max C. Starkloff REGISTRARContributory Congenital debility and hot weather
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.(Signed) Teresa J. Malo M. D.
Sept. 22 1911 (Address) 1821 So. Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes; state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL New St Marks DATE OF BURIAL Sept 23rd, 1911UNDERTAKER Witt Bros L & N Co ADDRESS 811 Hickory

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County _____
 Township _____ or Village _____
 City St Louis (NO. 2242 Osage St. _____ Ward) _____
 Registration District No. 791 File No. _____
 Primary Registration District No. 1003 Registered No. 8647

FULL NAME

Alice Fitzgerald

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>1-25</u> , 19 <u>11</u> (Month) (Day) (Year)		
AGE <u>7</u> yrs. <u>7</u> mos. <u>28</u> ds. If LESS than 1 day, hrs. or min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>St Louis Mo</u>		
PARENTS	NAME OF FATHER <u>Frank Fitzgerald</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St Louis Mo</u>	
	MAIDEN NAME OF MOTHER <u>Esther Jones</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St Louis Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
9-22, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1911, to 9-22, 1911, that I last saw her alive on 9-16, 1911, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:
Cholera Infantum
Dr. Theresa J. Wals
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Indigestion
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Theresa J. Wals M. D.
9-22, 1911 (Address) 1821 S. Blway

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Esther Fitzgerald
 (ADDRESS) 2242 Osage

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
 if not at place of death?
 Former or usual residence _____

PLICE OF BURIAL OR REMOVAL Rest Home DATE OF BURIAL 9-23, 1911
 UNDERTAKER Wm. L. H. ADDRESS 811 Huron

Filed Nov 10, 1911 at St. Louis, Mo. REGISTRAR [Signature]
 Original file, date 9-23, 1911. All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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