

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

Do not use this space.

6478

1. PLACE OF DEATH

County.....
Towship.....
City St Louis Mo.

Registration District No. 701
Primary Registration District No. 3
(No. Barnes Hosp.)

File No.....
Registered No. 1388
St. Ward)

2. FULL NAME Amalia Marie Fritschle

(a) Residence. No. 4425 Laclede Ave. St. 19 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (writes the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Robert P. Fritschle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 11 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm Maase

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Johanna Isensee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

14. INFORMANT Robt. P. Fritschle
(Address) 4425 Laclede Ave.

15. FILED 1928 Wm Stankoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 6 - 1928

17. I HEREBY CERTIFY That I attended deceased from 2 - 6 - 1928, to 2 - 6 - 1928, and that I last saw her alive on Feb 28, 1928, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocarditis -
Pulmonary edema (heart failure)
93

(duration) 11 1/2 yrs. mos. da.
CONTRIBUTORY (SECONDARY) 9013
(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?..... no

DID AN OPERATION PRECEDE DEATH?..... no DATE OF.....

WAS THERE AN AUTOPSY?..... yes

WHAT TEST CONFIRMED DIAGNOSIS?..... Clinical & Autopsy
(Signed) J. G. Resche, M. D.
, 19 (Address) Barnes Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters DATE OF BURIAL Feb 8 1928

20. UNDERTAKER Wagner Lumber Co. ADDRESS Pline St. 3621

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

