

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

Do not use this space.

14794

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **St. Anthony Hospital**)

File No. ....

Registered No. **3653**

St. .... Ward)

**2. FULL NAME**

**Mathilda Fritz.**

(a) Residence. No. **2842 Indiana Avenue** St. **24** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF**

**Charles Fritz.**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **March 14, 1869**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

50

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17

**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)**

(STATE OR COUNTRY)

**Germany**

**10. NAME OF FATHER**

**Dont know**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Dont know**

**12. MAIDEN NAME OF MOTHER**

**Dont know**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Dont know**

**14.**

INFORMANT

(Address)

**2842 Indiana Avenue**

**15.**

FILED

**APR -2 1923**

**Max C. Starkey**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **April 1, 1928**

**17.**

I HEREBY CERTIFY That I attended deceased from **March 29, 1928**, to **April 1, 1928** that I last saw him alive on **March 31, 1928**, and that death occurred, on the date stated above, at **145** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**acute appendicitis**

**11/12** (duration) yrs. mos. ds. **8**

**CONTRIBUTORY (SECONDARY)**

**Cholera** (duration) yrs. mos. ds. **4**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**2842 Indiana**

DID AN OPERATION PRECEDE DEATH?

**No** DATE OF **3/31/28**

WAS THERE AN AUTOPSY?

**No**

WHAT TEST CONFIRMED DIAGNOSIS?

**Clinical & Microscopic**

(Signed)

**W. H. ... M. D.**

(Address)

**2924 Grand Ave**

\*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. Peter & Paul Cemetery**

**DATE OF BURIAL**

**Apr. 4, 1928**

**20. UNDERTAKER**

**J. H. ... & Co.**

**ADDRESS**

**2842 Keramec**

WHILE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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!

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