

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

Do not use this space.

14490

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **100%**
City St. Louis (No. 4359 - Wilcox Ave St. _____ Ward _____)

File No. _____
Registered No. **3856**

2. FULL NAME

(a) Residence. No. 4359 Wilcox Ave Ward. 15
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Fritz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 55

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stephen Litho Co

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME John Fritz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Catherine Fritz 4359 Wilcox Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Stater Paul Apr 22 1932

19. UNDERTAKER (ADDRESS) Wacker, Selderle 2321 S. Broadway

20. FILED 77 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1930, to April 19, 1932
I last saw him alive on April 19, 1932 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1930
rv3 A
Other contributory causes of importance: (Circled 1)

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Adam G. Youngman, M. D.
(Address) 5439 Grand

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.

