

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

Do not use this space.

17452

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 314-202
City..... (No. ISOLATION HOSPITAL)

File No.....
Registered No. 4352
St. Ward)

2. FULL NAME

(a) Residence, No. 2710 South 11th St St. 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
0 9 11

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 3/4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 29 1932 to April 2 1932
I last saw h. in alive on April 3, 1932 death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset 4-15
Primary

Other contributory causes of importance:
Exema, Chronic

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

MOTHER FATHER

13. NAME Joseph Friday

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Anna Rodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cemetery DATE May 4 1932

19. UNDERTAKER (ADDRESS) Shepherd & Co 1718 So 9th St

20. FILED MAY - 5 1932 Registrar

Name of operation None Date of 1932

What test confirmed diagnosis Wright-Castle Was there an autopsy? Yes

23. If death was due to external causes (violence), list as follows: Accident, suicide, or homicide? No 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?
If so, specify John Lockwood M. D.
(Signed) ISOLATION HOSPITAL
(Address)

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.

1944

CAUTION: This document contains information of a confidential nature. It should be handled and disposed of in accordance with the instructions of the Bureau of the Census. If you are not a member of the Bureau, you should not disseminate this information to anyone else.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 4352
 City..... (No. Jayla, Moep.) St. Ward.....

2. FULL NAME

Louis Fritthe
 (a) Residence. No. 2710 S. 11 St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2/1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... (duration) yrs. mos. da.
 (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)

10. NAME OF FATHER Joseph Fritthe

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

12. MAIDEN NAME OF MOTHER Mary Brannon, 19 (Address)

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

14. 10 1932
 (Address)

15. FILED May 6 Starkloff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1932

17. I HEREBY CERTIFY, That I attended deceased from 19.....
 that I last saw h..... alive on....., 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)..... (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

*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 DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

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

WHITE ONLY, WITH U.S. PADDING INK---THIS IS A PERMANENT RECORD

SUPPLEMENTARY

S-1745A