

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

Do not use this space.

27231

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 6033B
 City Wellston (No. Pennsylvania ave.) St. _____ Ward _____
 2. FULL NAME Frank J. Britschge
 (a) Residence, No. 5123- Labadie 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 2-26

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17-1904
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 7 26 27
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Williams motor
 10. Date deceased last worked at this occupation (month and year) 8/12/32 11. Total time (years) spent in this occupation 1.5
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 13. NAME John J. Britschge
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington, Colo.
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) R. W. Stumbaugh
 18. BURIAL, CREMATION, OR REMOVAL PLACE Manhattan DATE 8/16 1932
 19. UNDERTAKER (ADDRESS) Thurman Bros.
Overland, Mo.
 20. FILED 8-18- 1932 Opella Gray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13- 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:31 A. M.
 The principal cause of death and related causes of importance were as follows:
Stroke by firearm Date of onset 8/13/32
167 167
 Other contributory causes of importance:
Gun shot wound to 8/15/32
Left chest & back
 Name of operation _____ Date of _____
 What test confirmed diagnosis Thyroid Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide suicide Date of injury 8/13, 1932
 Where did injury occur? Wellston, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home or in public place. 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) John E. Blauer, M. D.
 (Address) St. Louis, Mo.

WRITE 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.

SEP 27 1932

Handwritten notes in Chinese characters, including the characters "子" (zi) and "天" (tian), and some illegible scribbles.