

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1005

City St. Louis (No. City Hospital)

File No. 18104
Registered No. 4307
St. Ward)

2. FULL NAME

(a) Residence, No. 3746 Cozart St. Ward. 11
(Usual place of abode)

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

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) Sept. 2nd - 1897

7. AGE YEARS 35 MONTHS 8 DAYS 12 If LESS than 1 day, hrs. or min.

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

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

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

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

13. NAME Fred Schlittler

14. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Victoria Zozola

16. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Mo.

17. INFORMANT Hospital Informant (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 17 1933

19. UNDERTAKER Shelby Key and Co (ADDRESS) 4355 Broadway

20. FILED 16 1933 Registrar F. B. Delect

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14th 1933

22. I HEREBY CERTIFY, that I attended deceased from May 9th 1933 to May 14th 1933

I last saw him alive on May 14th 1933. Death is said to have occurred on the date stated above at 12:55 P.M.

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

Generalized Peritonitis
Other contributory causes of importance: Acute perforative appendicitis

Name of operation Appendectomy Date of May 9, 1933

What test confirmed diagnosis? Culture 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? If so, specify

(Signed) Frank Limon, M. D.
(Address) City Hospital

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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