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 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis County — Registration District No. 788 — File No. 27542
Township — Primary Registration District No. 4471 — Registered No. 84
City [illegible] — (No. 638 Berry St. Ward)

2. FULL NAME Frank W. Kitzinger
(a) Residence, No. 5505 Magnolia St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Bessie Kitzinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11 1899
7. AGE: YEARS 34 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wurdack Elect
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): Hungary

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT (ADDRESS): Bessie Kitzinger, 5505 Magnolia
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill — DATE: Aug 21 1933
19. UNDERTAKER (ADDRESS): Wacker Helderle, 2331 So Broadway
20. FILED: 8-20, 1933 — Dr. A. W. Westrup, J. Carlock, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 18, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to Aug 18, 1933
I last saw him alive on Aug 17, 1933. Death is said to have occurred on the date stated above, at 8 30/4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
131	
95	
95C	

Other contributory causes of importance:
Chronic Interstitial nephritis

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) Otto C. Hauser, M. D.
(Address) 3156 Park Av