

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

Do not use this space.

28201

1. PLACE OF DEATH

County.....

Township.....

City.....

SEP 16 1935

Registration District No.

Primary Registration District No.

(No.)

791
1003

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(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.

Julius Fritsch

5800 Arsenal St.,

13 Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

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

Late Catherine Fritsch

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

Sept 29, 1869

7. AGE

YEARS

65

MONTHS

10

DAYS

29

IF LESS than 1 day, hrs. or min.

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

Blacksmith

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Donovan Mo.

13. NAME

Julius Fritsch

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

Pennsylv

15. MAIDEN NAME

Not known

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

Pennsylv

17. INFORMANT (ADDRESS)

J. J. Sullivan
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Graves

DATE

Aug 30, 1935

19. UNDERTAKER (ADDRESS)

W. J. Leidner, U. O.
147 W. 77th Street

20. FILED

AUG 25 1935

J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Mar 27, 1934, to Aug 27, 1935

I last saw him alive on Aug 27, 1935. Death is said

to have occurred on the date stated above, at 6:10 P.M.

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

Bronchopneumonia

Date of onset

Other contributory causes of importance

Myocardial degeneration

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

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)

Smith C. E.

M. D.

(Address)

Evangelical Hospital
St. Louis, Mo.

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.

