

NOV 9 1935

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH

791

8322

33918

1. PLACE OF DEATH

 County
 Townships
 City St. Louis Mo. (No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St. Ward)

2. FULL NAME

Alma Fitzg.
 (a) Residence, No. St. Peters Mo. St. NR Ward.

 Length of residence in city or town where death occurred 19 yrs. 7 mos. 6 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 White 4. COLOR OR RACE Female 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) Feb 8 - 1916
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 7 24

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress
 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) Mo13. NAME Thomas Fitzg.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Kattie Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Stella Brady (ADDRESS) 5600 Grand St.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo. DATE 10-3 193519. UNDERTAKER Cunningham - Muchanny (ADDRESS) St. Charles Mo.20. FILED Oct - 5 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 30, 1935, to Oct. 2, 1935.I last saw him alive on Oct. 2, 1935. Death is saidto have occurred on the date stated above, at 11:50 p.m.

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

Scarlet Fever

Other contributory causes of importance:

Acute toxic myocarditis 10-2-35Name of operation none Date ofWhat test confirmed diagnosis? Clinical (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? no

If so, specify

(Signed) Henry J. Ulrich, M. D.(Address) 5600 Grand St.

Date of onset

Sept. 26-30

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.

10036-11-22-33

