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.

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

Do not use this space.

NOV 9 1935

791

1002

34437

File No.

Registered No. 8876

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hosp. St. Ward)

Registration District No.

Primary Registration District No.

17 1302

2. FULL NAME Caroline Fitzler

(a) Residence, No. 4001 Cleveland St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1851

7. AGE YEARS 84 MONTHS 2 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Germany

FATHER

13. NAME Behrens

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp Dept City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Pickers Cemetery DATE Oct 25 1935

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette Av.

20. FILED OCT 23 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1935 to 10-22, 1935

I last saw her alive on 10-22, 1935 Death is said to have occurred on the date stated above, at 11 10 p.m.

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

Date of onset

Broncho pneumonia

122

Other contributory causes of importance:

Incarcerated Femoral Hernia

Name of operation Herniorrhaphy Date of 10/17/35

What test confirmed diagnosis? Was there an autopsy? Yes

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) R. B. Siegert, M. D.

(Address) City Hospital