FEB 26 1936

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

Do not use this space.

7963

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4229 Sarpy Ave. St. ..... Ward)

File No. .....

Registered No. 1634

2. FULL NAME John Fritz

(a) Residence, No. 4229 Sarpy Ave. St., 18 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	92	5	27	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) About 15 yrs.

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Joseph Fritz

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Josephine Fritz 4229 Sarpy Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cem. DATE 2-14 1936

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So Kingshighway

20. FILED FEB 13 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1935 to Feb. 5th, 1936

I last saw him alive on Feb. 5th 1936. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Cerebral Hemorrhage. Date of onset

Duration : 2 hrs.

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Other contributory causes of importance:

Chronic Interstitial Nephritis (Arteriosclerosis - (duration (duration 10 yrs) (10 years.

Name of operation ---------- Date of .....

What test confirmed diagnosis? physical Was there an autopsy? no and clinical findings

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) A. L. Hestel, Mal, M. D.

(Address) 3606 Gravois Ave.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Hertel
3606 Granois
La 7890
2-25 5 P.