MAR 12 1936

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

Do not use this space.

8060

File No. 1732

Registered No.

1. PLACE OF DEATH

County

Township

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

Registration District No. 791

Primary Registration District No. 4003

2. FULL NAME Mary Josephine Fritsch

(a) Residence, No. 20 N. Kingshighway Ward. 12 (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 Female

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 Henry P. Fritsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	11	11	

OCCUPATION

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

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) St. Mary's Ohio

FATHER

13. NAME Matthew A. Ferguson

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

MOTHER

15. MAIDEN NAME Susan Hopson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Falls N. Y.

17. INFORMANT (ADDRESS) Susan F. Steinbreder 20 No Kingshighway

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bellefontaine DATE Feb 17 1936

19. UNDERTAKER (ADDRESS) Wagoner Mfg Co 3621 Olive St

20. FILED FEB 16 1936 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1936, to 2-15, 1936

I last saw her alive on 2-15, 1936. Death is said to have occurred on the date stated above, at 10:45 a m.

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

Diabetes Mellitus
Uremia
Apoplexy (Cerebral)?

Date of onset

Other contributory causes of importance: 59

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Chas. L. Hoagland, M. D.

(Address) BARNES HOSPITAL

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.