

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.

**MAY 27 1936**  
PLACE OF DEATH

County St. Louis, Registration District No. Missouri 1123  
 Township \_\_\_\_\_ Primary Registration District No. 6248B  
 City Jefferson Barracks, Mo (No. Veterans Administration Facility, St. \_\_\_\_\_ Ward)

18031

File No. \_\_\_\_\_  
 Registered No. 142

2. FULL NAME Oscar L. FRITTS  
 (a) Residence, No. 201 North Van Buren, St. \_\_\_\_\_ Ward West Frankfort, Illinois.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred Un yrs. kn mos. OW ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Margaret Fritts</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15, 1889</u>			
7. AGE	YEARS <u>46</u>	MONTHS <u>8</u>	DAYS <u>27</u>
			IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>		
	10. Date deceased last worked at this occupation (month, and year) <u>Unavailable</u>		
		11. Total time (years) spent in this occupation. <u>Unavail.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dayton Tennessee</u>			
FATHER	13. NAME <u>J. Lee Fritts</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable Tennessee</u>			
MOTHER	15. MAIDEN NAME <u>Arrilia Brummet</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable Tennessee</u>			
17. INFORMATION (ADDRESS) <u>Alvin Sluager, Acting Clinician/ Vet. Adm. Facility, Jeff. Brks., Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Frankfort</u> DATE <u>Feb 4-13-1936</u>			
19. UNDERTAKER <u>C. Hoffmeister Undertg. &amp; Livery Co., St. Louis, Missouri.</u>			
20. FILED <u>Apr 13 1936</u> <u>G. Mowry</u> Registrar			

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1935 to April 12, 1936  
 I last saw him alive on April 12, 1936. Death is said to have occurred on the date stated above, at 1:45 P. m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis with hypertrophy and dilatation, congestive type of cardiac failure. Date of onset Unk.

Other contributory causes of importance: V.H.D. mitral insufficiency. Unk.  
Hypertension. Unk.

Name of operation None Date of \_\_\_\_\_  
 Clinical manifestations: \_\_\_\_\_  
 What test confirmed diagnosis? and X-ray. 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 See 17  
 (Signed) C. W. HUGHES, M.D.  
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

MAY 4 1949