

AUG 10 1936

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

Do not use this space.

27955

1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township ClaytonPrimary Registration District No. 6033^aCity Clayton(No. Enroute, County Hospital)

File No. _____

Registered No. 266

St. _____ Ward)

2. FULL NAME Frank Gritzner,(a) Residence, No. City Sanitarium St. _____ 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

Male

4. COLOR OR RACE

White

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)

June 3 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.4919

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Attendant at
Sanitarium9. 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. Louis, Mo.

FATHER

13. NAME

A. Gritzner

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Martha HaynesJennings 240

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cem DATE July 16th 36

19. UNDERTAKER

(ADDRESS)

My Leiden Mnd Co.
1417 N. Market St.

20. FILED

7/15

1936

Dr. J. Squarcello
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/1936 19

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:05 PM

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

Sun-stroke, complete collapse Date of onsetparalysis of brain, heat centers,causing temperature to go to 110^o-111^oplus. Died in ambulance on routeto County Hospital.

Other contributory causes of importance:

Sun stroke.

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

Coroner's view 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? Yes

If so, specify _____

(Signed) _____

(Address) 3718 Jennings RdCoroner J. Squarcello, B. Mo.

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.

