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.

AUG 18 1936

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

791
1003

Do not use this space.
28124

File No.
Registered No. 6870

1. PLACE OF DEATH

County
Township
City St. Louis (No. Missouri Pacific Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Marie Fichtinger

(a) Residence, No. 5746 Jennings Road St. N R Ward. Jennings, Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1859

7. AGE: Years 77 | Months 4 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

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): Germany

FATHER
13. NAME: Wilhelm Kuhn
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): Mrs. J. F. Wood, 5746 Jennings Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE July 9, 1936

19. UNDERTAKER (ADDRESS): Math. Hermann & Son, 2161 East Fair Avenue

20. FILED JUL 8 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1936, to July 7th, 1936
I last saw her alive on July 7th, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart — Sudden
Myocarditis
Coronary Occlusion
7/8/36
Accidental Fall
Other contributory causes of importance:
Fracture of R. Hip.
(Endocarditis Myocarditis)
Extension Splint
Name of operation: None — Date of operation:
What test confirmed diagnosis? X-ray — Was there a coroner's inquest? Coroner's OK

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury 6/28, 1936
Where did injury occur? Home = County of Jennings, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury: fracture by falling in kitchen
Nature of injury: Hip fracture R. side

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred Vogel, M. D.
(Address) 4344 W. Florissant

Be sure to get Coroner's O.K.