

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

Do not use this space.

43654-915

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis

(No. 1043^a Hodiamont Ave. St. 5 Ward)

File No. 18

Registered No. 18

St. 5 Ward

2. FULL NAME

Murray Sitzer

(a) Residence. No. 1043^a Hodiamont Ave., 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male

white

single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20-1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

21

3

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Wagon Elect Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Likston

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wade Sitzer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri

12. MAIDEN NAME OF MOTHER Nava Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois

14. INFORMANT Mrs. Wade Sitzer

(Address) Likston Mo.

15. FILED Max C. Starker REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Dec 31, 1928, that I last saw h.l.m. alive on Dec 31, 1928, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
Pneumo-pneumonia
in placenta

CONTRIBUTORY (SECONDARY)

chronic endocarditis
bronchial asthma from infancy
non-fibrous

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Blind + clinical death

(Signed) Sammy H. Meadows, M. D.
, 19 (Address) 634 N. Br. Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Likston Mo. DATE OF BURIAL Jan 1 1929

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Eastern

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.

