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

Do not use this space.

File No. 6477
Registered No. 1288

1. PLACE OF DEATH

County ..... Registration District No. 791 1003
Township ..... Primary Registration District No. .....
City St. Louis Mo. (No. 1333 Amherst Pl. St. ..... Ward)

2. FULL NAME Joan Hitz

(a) Residence. No. 1333 Amherst Pl. St., 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 31, 1928.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	8	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Earl Hitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Etha Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bendon Ill
(STATE OR COUNTRY)

14. INFORMANT E. Hitz
(Address) 1333 Amherst Pl.

15. FILED ....., 19.... [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1930, to Feb 6, 1930, that I last saw h. alive on Feb 5, 1930, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Laryngeal diphtheria
10
95B (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Acute Cardiac dilation
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? DATE OF Intubation 2/5/30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Culture of smear
(Signed) William T. Hinkle, M. D.
2/7, 1930 (Address) 3500 N Grand

*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 Lake Charles Cemetery — DATE OF BURIAL Feb 7, 1930.
20. UNDERTAKER J. J. Lynn — ADDRESS 1535 N. Grand

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.