

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

Do not use this space.

21386

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1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **5207a Alaska Avenue**)..... St. Ward

File No.
Registered No. **6260**.....
St. Ward

2. FULL NAME Theodore Hittler

(a) Residence. No. **5207a Alaska** St. **15** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 26th, 19 30.**

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

17. I HEREBY CERTIFY, That I attended deceased from **4/1** 19**30**, to **6/26** 19**30**
that I last saw him alive on **6/26**, 19**30**, and that death occurred, on the date stated above, at **2:10 P.** m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 21st, 1863**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 5

carcinoma of pancreas
H. B.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Tobacco Worker**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Liggett & Meyer Tob. Co.**

CONTRIBUTORY (SECONDARY) **H**
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**

11. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER **Christ Hittler**

12. DID AN OPERATION PRECEDE DEATH? **4/10** DATE OF **4/23**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. WAS THERE AN AUTOPSY? **no**

12. MAIDEN NAME OF MOTHER **Mary Fischer**

WHAT TEST CONFIRMED DIAGNOSIS? **Biopsy**
(Signed) **R. C. Jones**, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

6/27, 19**30** (Address) **1807 S 19**

14. INFORMANT **Mary Hittler**
(Address) **5207a Alaska Avenue**

*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.

15. FILED **LV 27 1930** **Wm. C. Starbuck** REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **SS. Peter & Paul** DATE OF BURIAL **June 30, 19 30.**

20. UNDERTAKER **Wacker-Heldrich** ADDRESS **2331 S. Broadway.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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