

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

Do not use this space.

34108

1. PLACE OF DEATH

County..... Registration District No. 1701
 Township..... Primary Registration District No.
 City St. Louis, Mo. (No. 3611 Lafayette Ar.) Registered No. 9461
 (St. Ward)

2. FULL NAME

(a) Residence, No. 3611 Lafayette Ar. S. Ward. 17
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Sittig</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6, 1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>3</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman, 12</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Advertising</u>	
	10. Date deceased last worked at this occupation (month and year) <u>10/16/32</u>	11. Total time (years) spent in this occupation. <u>12 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Richard G. Sittig</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Hettie Brahl</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs. Amelia Sittig</u> (ADDRESS) <u>3611 Lafayette Ar.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dr. St. Marcus Cem.</u> DATE <u>10/27/32</u>		
19. UNDERTAKER <u>Bergman & Co.</u> (ADDRESS) <u>3611 Lafayette Ar.</u>		
20. FILED <u>661 25 1932</u> 19 <u>May 1932</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1932 to Oct 24, 1932.
 I last saw him (alive) on Oct 24, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction from Cancer Primary Seat unknown 46 @ 122 B	Date of onset <u>Sept 30</u>
--	---------------------------------

Other contributory causes of importance:
46 @
122 B

Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury, 19...
 Where did injury occur?, 19...
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury, 19...
 Nature of injury, 19...

23. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) R. T. Lamb
 (Address) 201 Metropolitan Bldg

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.

