JAN 26 1934

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

Do not use this space.

File No. 41500

Registered No. 10505

1. PLACE OF DEATH

County ..... Registration District No. 1003 791

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. St. Anthony Hospl. St. ..... Ward)

2. FULL NAME David Bittner Sr.

(a) Residence, No. 4756 Idaho Ave. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16 – 1868.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

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) St. Louis Mo.

FATHER

13. NAME David Bittner

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) David Bittner Jr. 1953 Alfred Ave.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Summit Burial DATE Dec. 7, 1933

19. UNDERTAKER (ADDRESS) Siegenfeir Bros. 3400 Cherokee St.

20. FILED DEC 7 1933 J. F. Bredeck Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 – 1933.

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1933, to ....., 19.....

I last saw him alive on December 4, 1933. Death is said to have occurred on the date stated above, at 4:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia.	
107	
130	Duration - 8 days.

Other contributory causes of importance:

Acute Interstitial Nephritis	
	Duration - 2 weeks

Name of operation — Date of .....

What test confirmed diagnosis? Typical clinical & laboratory findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

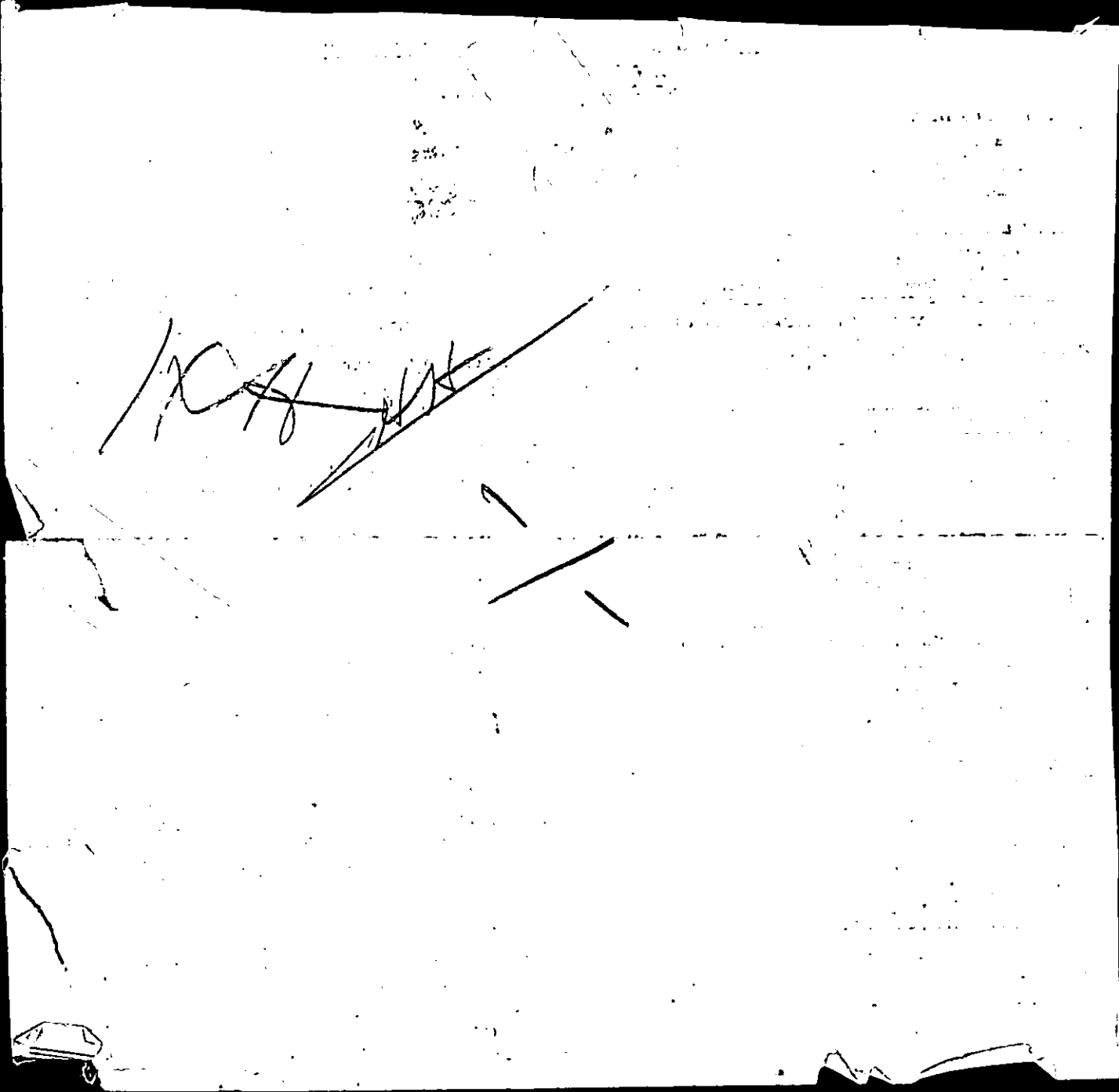
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. H. Gaertner M. D.

(Address) 3608 S. Grand Blvd.