NOV 9 1935

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

Do not use this space.

8422

791

1003

34006

File No.

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hosp #1 St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Arthur Hittler

(a) Residence, No. 1524 S 11th St. Ward 23
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 -09

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	3	20	

OCCUPATION

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

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 Erhardt Hittler

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

MOTHER

15. MAIDEN NAME Florence Mercille

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

17. INFORMANT (ADDRESS) Hosp Inf M Kent City Hosp #

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Peter & Paul DATE Oct 9 1935

19. UNDERTAKER (ADDRESS) Wm C Mogdell 1926 Allen Ave

20. FILED OCT -8 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1935, to 10-6, 1935

I last saw him alive on 10-6, 1935. Death is said to have occurred on the date stated above, at 3:40 p.m.

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

Pulmonary Th.

Date of onset

23

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) [illegible], M. D.

(Address) City Hosp #1

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-3-28-35