444

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.

NOV 2 1935

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

Do not use this space.

34343

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1112 No Kingshighway St. ..... Ward)

File No. 8779

Registered No. .....

2. FULL NAME Hilgard F. Tittmann

(a) Residence, No. 5412 Cabanne Ave. 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: Male

4. COLOR OR RACE: White

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) Dec 19, 1892

7. AGE: YEARS 42 | MONTHS 9 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery.

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 Eugene C. Tittmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ills.

MOTHER

15. MAIDEN NAME Marie Fabian

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

17. INFORMANT (ADDRESS) Eugene C. Tittmann 5284 Westminster Pl.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bellefontaine DATE Oct 19 1935

19. UNDERTAKER (ADDRESS) Wagoner Mch. Co. 3621 Olive St.

20. FILED OCT 19 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1935

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:05 p. m.

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

	Date of onset
Gunshot Wound of Heart, caused by cleaning own revolver at 1112 No.Kingshighway, October 18,1935, at abt.2;05 P.M.	
Other contributory causes of importance: 184	178

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

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

Accident, suicide, or homicide? Accident Date of injury 10/18 1935

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

Specify whether injury occurred in industry, in home, or in public place. 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) [signature], M. D.

(Address) Liberty Coroner

10/19/35