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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18731

Township StLouis Primary Registration District No. 1003 Registered No. 5307

City Mo. (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Mary Hittler

(a) Residence, No. 4054 North Market st, 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 female

4. COLOR OR RACE white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5 - 1888

7. AGE 49 YEARS, MONTHS I, DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) StLouis Mo.

FATHER

13. NAME Wm REILLY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME ALICE WHALEN

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

17. INFORMANT (ADDRESS) RICHARD HITTLER ~~4054~~ 4054 No, Market

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 5-29-37 19

19. UNDERTAKER (ADDRESS) Sullivan 2849 N, Euclid

20. FILED MAY 28 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1-37, 19, to 5/26, 1937

I last saw h. 21 alive on 5/26, 1937. Death is said to have occurred on the date stated above, at 2 A m.

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

Carcinoma of Stomach — Date of onset Jan 1936

Other contributory causes of importance: Secondary Anemia — Jan 37

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? ..... 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) Francis Mueller, M. D.

(Address) 4114 W Florissant Ave

Dr F J Medler
4114 W Fleurisant
Co 2783 ✓ 12-2
~~Co 2033~~