

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.

OCT 14 1937

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

Do not use this space.

32419

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City..... St. Louis, Mo. (No.)

City Sanitarium

File No.

Registered No. 8473

St. Ward)

2. FULL NAME Alvina Sittner

(a) Residence, No. 4011 a Palm St. St. 10 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds.

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Frank Sittner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 8, 1856

7. AGE

YEARS

80

MONTHS

10

DAYS

30

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.

Housewife

10. Date deceased last worked at
this occupation (month and
year)..... about 1911

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

Altenburg

(STATE OR COUNTRY)

Missouri

13. NAME

Erdmon Bodensade

14. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Wilhemina Swocheder

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

His Taylor - City Sanitarium

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1937

19. UNDERTAKER

(ADDRESS)

Geiderwieser Funeral Home Inc.

1936 St. Louis Mo.

20. SEP 8 1937

J. H. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-7-37

19

22. I HEREBY CERTIFY, That I attended deceased from

7-1-37

19

to 9-7-37

19

I last saw her alive on 9-7-37 19

Death is said

to have occurred on the date stated above, at 4:00 A.M.

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

Arteriosclerotic Heart disease

7-1-37x

Renal Arteriosclerosis 7-1-37x

Other contributory causes of importance:

Chronic Cholecystitis 7-1-37x

gallstones

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

Yes

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

Accident, suicide, or homicide? Date of injury

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)

His Taylor

M. D.

(Address)

City Sanitarium

Statement of Linsensed Embalmer.