

NOV 15 1937

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

36363  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** ..... (d) Street No. **908 Marion St.** ..... Registered No. **9940** St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Nora Hittler**

(a) Residence, No. **908 Marion St.** ..... St. **23** ..... (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 20th, 1894.**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**43** **1** **6**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as 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 **George Deffaa**

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

MOTHER 15. MAIDEN NAME **Mary Schaeffer**

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

17. INFORMANT **Edward Hittler**  
(ADDRESS) **908 Marion St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Oct. 28th, 1937**

19. FUNERAL DIRECTOR **Wacker-Helderle**  
(ADDRESS) **2331 S. Broadway**

20. FILE **OCT 27 1937** **J. A. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 26th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 10<sup>th</sup> 1936** to **October 26<sup>th</sup> 1937**  
I last saw her alive on **October 26<sup>th</sup> 1937**. Death is said to have occurred on the date stated above, at **4.10 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of Liver 6 mo.**  
**Carcinoma of Uterus 8 mo.**

Other contributory causes of importance:  
**Hysterectomy** Date of **June 1937**  
Name of operation .....  
What test confirmed diagnosis? **Exam. Specimen** .....  
Date of onset

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? **No.**  
If so, specify **Albert Weisbach** M. D.  
(Signed) **3548 S. Grand St.**  
(Address) **3548 S. Grand St.**

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.

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STATEMENT BY LICENSED EMBALMER

I, Frank J. Dyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2645 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank J. Dyland  
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)