REC'D AUG 12 1938

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

24094
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 6788
(c) City St. Louis (d) Street No. St. Anthony's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Julius George Hitzman 325
(a) Residence, No. 3996 Bowen St. [1]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Minnie Hitzman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-13-1882
7. AGE: YEARS 56 | MONTHS 3 | DAYS 16 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as saw mill, bank, etc.: Roofing Co
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): Bismarck, Mo. 0

FATHER
13. NAME: Charles Hitzman 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 6

MOTHER
15. MAIDEN NAME: Eva Huber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Minnie Hitzman 3996 Bowen St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE 8-1 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Southern Und. Co. 1322 S. Grand Blvd
20. FILED JUL 29 1938 J. F. Bredick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-29, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1938, to July 29, 1938
I last saw him alive on July 28, 1938. Death is said to have occurred on the date stated above, at 145 A.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 7/23/38 |

Other contributory causes of importance: OK

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? no
If so, specify .....
(Signed) Jean J. Meier, M. D.
(Address) 2001 Thurston

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INKS—THIS IS A PERMANENT RECORD

1 X14028

Dr. Every
2001 Clarke
1-3

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Frank Ludwig, or by

Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

P. O. Address St Louis, Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**