

JUN 23 1939

REC'D JUN 24 1939

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

23216
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Bonhomme Primary Registration District No. 1106
(c) City Kirkwood (d) Street No. 217 E. Big Bend Rd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(c) 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 Lulu Louise Litzsinger

(a) Residence, No. 217 E. Big Bend Rd. St. (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*) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Litzsinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5- 1869
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 - 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
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) Missouri

FATHER 13. NAME John Schween

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

MOTHER 15. MAIDEN NAME Caroline Sussman

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

17. INFORMANT (*NAME*) Clarence E. Litzsinger
(ADDRESS) 217 E. Big Bend Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 2-25-39, 1939

19. FUNERAL DIRECTOR (NAME) Louis H. Bopp
(ADDRESS) Kirkwood, Mo.

20. FILED JUN 23 1939 DR. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1939
22. I HEREBY CERTIFY That I attended deceased from April 18 1939 to June 22 1939
I last saw her alive on June 22 1939 Death is said to have occurred on the date stated above, at 1:25 P.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy
arterio sclerosis
chronic nephritis
Other contributory causes of importance:
131

Date of onset 6/18/39

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) W. H. Williams
(Address) 721 S. Rock Hill

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.

9/6
5
2

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X18603

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, or by.....

Louis H Bopp
.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Louis H Bopp

Licensed Embalmer No.....

P. O. Address.....

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.