3 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37184

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1936

RECD NOV 9 1939

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7209 Normandy pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town NORMANDY
(If outside city or town limits, write "RURAL")
(d) Street No. 7209 Normandy PL.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3. (a) PRINT FULL NAME Emil Hitz 22 D

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Hitz

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct. (Month) 31 (Day) 1863 (Year)

8. AGE: Years 76 Months 0 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

10. Usual occupation .....

11. Industry or business Commision Merchant

MOTHER FATHER
12. Name Unknown HItz
13. Birthplace Unknown (City, town, or county) ? (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ? (State or foreign country)

16. (a) Informant's own signature Earl Hitz
(b) Address 3600 No. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Grant Fork Ill.

18. (a) Signature of funeral director Drehmann Harral
(b) Address 1905 Union

19. (a) NOV 8 1939 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1939 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1939 to Nov 3, 1939 that I last saw him alive on Nov 3, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	8/1/38
Due to Chronic Arthritis an Chronic Nephritis	6/1/38
Due to	
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations none
Of autopsy no autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
While at work? X (Specify type of place) (e) Means of injury X

23. Signature Dr. T Hirsch (M. D. or other) M.D.
Address 3500 N Grand Date signed 11/3/39

(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 PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19811

3500 76 Ma
1-2

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.....

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

working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

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.