

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9395
Registrar's No. 2878

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4110a N. 20th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community: 65 years
years, months or days)

3. (a) PRINT FULL NAME Clara Bitter

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henry Bitter 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Aug. 6, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 21 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
 { 12. Name Charles Klein
 { 18. Birthplace Germany
(City, town, or county) (State or foreign country)
 { 14. Maiden name Augusta Voelker
 { 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Bitter
 (b) Address 4110 N. 20th St.
 17. (a) Burial (b) Date thereof 3/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation N. Bethlehem

18. (a) Signature of funeral director Wiedmeyer & Son
 (b) Address 3934 N. 20th St.
 19. (a) MAR 28 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4110a N. 20th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
 year 1940 hour 4 minute 45 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Pericardial Apoplexy
 Due to _____
 Other conditions yes
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify type of place) (or) (Cause of injury)
 23. Signature Wiedmeyer & Son (M. D. or other) _____
 Address 3934 N. 20th St. Date signed 3.27.40

I X8881
 WRITE FAULTS—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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.

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 *Alfred J. Poedelker*

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.