

#822
No. 2
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17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12846

FILED MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 3048

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Thomas Bittick 320

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora D. Bittick 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 3/29/1860
(Month) (Day) (Year)

8. AGE: Years 80 Months -- Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Stationary Engineer

11. Industry or business Retired

12. Name Sim S. Bittick

18. 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 Dora D. Bittick

(b) Address 5828 Highland Ave.

17. (a) Burial (b) Date thereof 4/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch

(b) Address 5966 Easton Ave.

19. (a) APR 2 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis, Mo. 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5740 Roosevelt Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31, year 1940 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from March 20, 1940, to March 31, 1940; that I last saw him alive on March 31, 1940; and that death occurred on the date and hour stated above

Immediate cause of death: Myocardial infarction, decompositional

Due to Senility

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

Duration _____
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) _____
(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) (e) Means of injury _____

23. Signature Geo. L. Pleitsch (M. D. or other) _____
Address 1515 Lafayette Date signed 4/1/40

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.....

David C. Gibson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

David C. Gibson

Licensed Embalmer No. *3454*

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.