

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

1 X1931

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36278**
Registrar's No. **2004**

Registration District No. **784** Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **Pike County Home**
(b) City or town **Ballwin Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Pine Crest Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 months**
(Specify whether years, months or days)
In this community **Ballwin Mo**

3. (a) PRINT FULL NAME **FRANK BITTICK**

8. (b) If veteran, name war **No.** 8. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **April 2 1854**
(Month) (Day) (Year)

8. AGE: Years **87** 86 Months **6** Days **23** If less than one day hr. min.

9. Birthplace **Truxton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **1**

12. Name **Sim Bittick**

18. Birthplace **Jefferson Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Stevens**

15. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Walter F. Brown**

(b) Address **4700 Washington Ave.**

17. (a) **Burial** (b) Date thereof **10/24/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Troy, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **OCT 23 1940** (b) **W. R. Loring, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **Troy**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**
year **1940** hour **12:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct. 17**, 1940, to **Oct. 23**, 1940,
that I last saw him alive on **Oct. 22**, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Chronic nephritis

Due to

Due to

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 **B. R. Loring, M.D.** (M. D. or other)

Address **Ballwin, Mo.** Date signed **10-23-40**

(Licensed Embalmer's Statement on Reverse Side)

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

Albert G. Kappan

Licensed Embalmer No. *2971*

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.