No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26170

Registration District No. 784 Primary Registration District No. 41 Registrar's No. 1395

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

6
8
3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Clayton~~ Rich Hills (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State M O. (b) County 87

(c) City or town Minimum O (If outside city or town limits, write "RURAL") O

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Earl Sitzes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 5 (Day) 1941 (Year)

8. AGE: Years --- Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Elmer L Sitzes
13. Birthplace Saco, Mad. (City, town, or county) O Mo. (State or foreign country)

MOTHER
14. Maiden name Ossa C Firebaugh
15. Birthplace Jewett, Madison (City, town, or county) 6 Mo. (State or foreign country)

16. (a) Informant Elmer L Sitzes (Father)

(b) Address Minimum, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem.

18. (a) Signature of funeral director Rev. C. S. Williams

(b) Address Annapolis Mo.

19. (a) JUL 2 1941 (Date received local registrar) (b) R R Meyer MD Dr PH 707 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Second year 1941 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 24, 1941, to July 2, 1941; that I last saw him alive on July 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death ~~Surgical or Ane~~ Surgical or Anestetic Shock 1 hr

Due to Operation for massive, rapidly growing ~~Due to~~ lymphangioma of chest wall-left side ~~None~~

Other conditions (Include pregnancy within 3 months of death) Lt. Side-post. chest-hemangioma

Major findings: Of operations Extensive lymphangiomas rt. of chest wall-extending to abdomen

Of autopsy Same + fresh operative wound + hemangioma-opposite side

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles F. Sherwin (M. D. or other)

Address 3720 Washington Date signed 7/2/41

(Licensed Embalmer's Statement on Reverse Side) Coroner's permission

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.....

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, fact should be so stated above.