

FILED APR 27 1942

Registration District No. _____

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Agnes Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)
In this community 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 10341 Manchester Road
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1942 hour 8:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 17, 1941 to Apr 19, 1942
that I last saw her alive on April 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis chr. with myocardial degeneration
Due to arteriosclerosis general
Due to Senility

Duration
1 yr
10 yrs
2 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 C. H. Bockelman (M. D. or other) M. D.
Address 2615 Brentwood Blvd Date signed 4/21/42

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

3. (a) PRINT FULL NAME Mary C. Litteneker
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Litteneker 6. (c) Age of husband or wife if alive Dead
7. Birth date of deceased January 29th, 1853
(Month) (Day) (Year)
8. AGE: Years 89 Months 2 Days 21 If less than one day hr. _____ min. _____
9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
12. Name Cornelius Murray
13. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Caroline (unknown)
15. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)
16. (a) Informant Leo J. Litteneker
(b) Address 1702 Woodburn Covenington, Ky.
17. (a) Burial (b) Date thereof 4/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation xxxxx Calvary Cemetery
18. (a) Signature of funeral director Nation-Bocklage
(b) Address 6536 Clayton Road
19. (a) APR 21 1942 (b) C. H. Bockelman
(Date received local report) (Registrar's signature)

MOTHER FATHER

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 *Walter H. Burnley*
Licensed Embalmer No. *42020*

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.