S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19661

FILED JUL 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5773

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:
CITY HOSPITAL NO 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 924

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 2862 McNair Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANDREW HITTLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MARY HITTLER

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov 11 (Month) 1870 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	7	25	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation PRIVATE WATCHMAN

11. Industry or business

FATHER
12. Name Christian Hittler
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary ?
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mary Hittler
(b) Address 2862 McNair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 42 (Month) (Day) (Year)
(c) Place: burial or cremation New S. S. PETER & PAUL

18. (a) Signature of funeral director Theodritis & Son
(b) Address 2906 Gravois Ave.

19. (a) JUL 7 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1942 hour ~~[illegible]~~ 7 35 minute A.M.

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

Immediate cause of death Cardiac Hypertrophy Chronic Interstitial Nephritis

Due to Pulmonary Oedema

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 3

23. Signature Alfred J. Perry (M. D. or other)
Address Depot Grove Date signed 7/7/42

844 (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 Thor Lutts, Registered Apprentice No. ....., working under my personal supervision.

Signed Thor Lutts

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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.