

FILED JAN 14 1943 8

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1809 S. 10th St.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Barbara Pittner

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Peter Pittner 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Sept 6 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>26</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Mike Schuessler

13. Birthplace Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lobrein

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

16. (a) Informant Peter Pittner

(b) Address 1809 S. 10th St.

17. (a) Burial (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director W. H. Bro. L. No.

(b) Address 2929 S. Jefferson Av.

19. (a) JAN 9 1943 (b) J. J. Brodack
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
 year 1943 hour 1 minute 00 a. M.

21. I hereby certify that I attended the deceased from Dec 28
 1942, to Jan 2 1943
 that I last saw her alive on Jan 1 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Embolic of lung
due to mitral regurgitation 2 yrs.

Due to 9:15
 Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: hypertension
 Of operations super vaginal, of uter
12/28-42.
 Of autopsy mea.

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 J. J. Brodack (M. D. or other)

Address W. H. Bro. L. No. Date signed 1/2/43

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

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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *4329*.....

P. O. Address *2929 S. Jefferson*.....

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.