170
S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3930

Registration District No. 818 FILED FEB 23 1943

Primary Registration District No. 1003

Registrar's No. 1331

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3Mos. 20Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEECEASED:

(a) State MISSOURI (b) County 070

(c) City or town ST. LOUIS 247
(If outside city or town limits, write "RURAL")

(d) Street No. GRAND HOTEL 9
107 N. 8th (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Leonard Andrew Bittner

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE O

5. Color or race WHITE

6. (a) Single, ~~widowed, married, divorced~~ SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased NOVEMBER (Month) 26 (Day) 1890 (Year)

8. AGE: Years 52 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Chef

11. Industry or business

MOTHER FATHER

12. Name FRANK BITTNER

13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

14. Maiden name ANNIE ALEXANDER

15. Birthplace ILLINOIS (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs T. J. Grote

(b) Address 6648 Harney av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 11 1943 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Lehmer

(b) Address 3125 Lafayette av.

19. (a) ~~FEB 9 1943~~ (Date received local registrar) J. F. Bredeck (Registrar's signature)

FEB 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8. year 1943 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from October 19. 1942 to February 8. 1943; that I last saw him alive on February 8. 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Urethra with widespread metastases.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

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 Reese Coleman Jr (M. D. or other)

Address 1515 Lafayette Avenue Date signed 2/8/43

(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.....Jos B Vollmer.....

Licensed Embalmer No. 4614

P. O. Address St Louis Mo

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.