

S. No. 2
4-342
5-173

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15867

State File No.

FILED MAY 27 1943 318

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4487

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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos 21 das.
(Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL.") 9
(d) Street No. 4083 W. Bowen
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY BIRTLEY

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

4. Sex Female / 5. Color or race white / 6. (a) Single, widowed, married, divorced, widow 2
6. (b) Name of husband or wife. - 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased Feb. 19 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name Joe Fittig
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas A. Singler
(b) Address 5300 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 15 43
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Fisher-Hildebrand-And. Co.
(b) Address 3634 Gravois Avenue

19. (a) MAY 14 1943 (Date received local registrar.) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1943 hour 8:00 AM date A.M.

21. I hereby certify that I attended the deceased from 2-22-43, 19... to 5-13-43, 19...; that I last saw her alive on 5-13-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis-type undetermined 2-11-43X

Due to...
Due to...
Other conditions (Include pregnancy, within 3 months of death)
Major findings: Of operations
Of autopsy no

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Anthony K. Busch (M. D. or other) Address 5300 Arsenal Date signed 5/13/43

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.....
Frank J. Deland

Licensed Embalmer No.....
2675

P. O. Address.....
Waukegan

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.