

FILED JUN 4 1943

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3240 Bailey Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 3240 Bailey Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Bittner
(b) If veteran, name war None
(c) Social Security No. 493-09-8335

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19th., year 1943 hour 9 minute P. M.

4. Sex M. O. Color or race W.
5. (a) Single, widowed, married, divorced S. O.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 19th., 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10, 1941, to May 19, 1943, that I last saw him alive on May 18, 1943, and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic Myocarditis
Due to: Arterio Sclerosis

8. AGE: Years 71 Months 1 Days 0
If less than one day hr. min.

Due to: Coronary Thrombosis
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)
10. Usual occupation R.R. Clerk

Major findings: Of operations X Of autopsy X
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business Henry Bittner
12. Name Henry Bittner
13. Birthplace Germany
14. Maiden name Julia Schaub
15. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Bittner
(b) Address 3240 Bailey Ave.
17. (a) Burial Calvary (b) Date thereof 5-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

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

18. (a) Signature of funeral director Arthur J. Wonnely
(b) Address 3840 Lindem Blvd.
19. (a) MAY 21 1943 (Date received local registrar)
Registrar's signature

23. Signature Herman R. Wittner (M. D. or other)
Address 2728 N. 11. St. Date signed 5-21-43

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

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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.