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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 12203

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:
Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day
(Specify whether years, months or days)

In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0417

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

(d) Street No. 4049 - A Oak 402
(If rural, give location)

(e) If foreign born, how long in U. S. A. Born. U.S. 99 years

3. (a) PRINT FULL NAME Albert A. Sittms

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

4. Sex male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm. Lee Sittms 6. (c) Age of husband or wife if 35 years

7. Birth date of deceased April 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 58 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Postal Clerk

11. Industry or business U. S. P. Office

12. Name James Sittms

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

14. Maiden name ant know

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

16. (a) Informant's own signature Grove Sittms

(b) Address 4049 A Oak

17. (a) burial (b) Date thereof 11-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Bur

18. (a) Signature of funeral director Lee G. Sittms
(b) Address 3615 S. 7th St. St. Louis

19. NOV 22 1943 (Date received local registrar) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th year 1943 hour 3:10 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 19 1943 to Nov 19 1943 that I last saw him alive on Nov 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____
Hypertension

Due to _____
Due to none

Other conditions (include pregnancy within 3 months of death) none

Major findings: Of operations _____
Of autopsy _____

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) Signs of injury _____

23. Signature Gustav E. Jacob (M. D. or other) _____
Address Humboldt Bldg Date signed 11/29/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
Licensed Embalmer No.
P. O. Address.....

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, above space should be left blank.