S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 379

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 8281 / 0

Registrar's No. 507

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Ballwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Homes
(If not in hospital or institution, write street number or location)

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

In this community: one month

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Ballwin
(If outside city or town limits, write "RURAL")

(d) Street No.: Box 12
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Caroline E. Ittel
Caroline E. Ittel

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: W.

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: Henry Ittel

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

7. Birth date of deceased: Sept. (Month) 26 (Day) 1852 (Year)

8. AGE: Years 91 | Months 4 | Days 27 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: UNKNOWN

11. Industry or business: UNKNOWN

FATHER
12. Name: Jacob Munzlinger
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mr. Hilder
(b) Address: 5971 So. Cuba Court, St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 26-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Newell Marcus Cem.

18. (a) Signature of funeral director: Siegenheim Bros.
(b) Address: 6409 Delmar Ave.

19. (a) FEB 28 1944 (Date received local registrar) (b) E. J. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1944 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from Jan 16, 1944, to Feb 23, 1944 and that I last saw h. alive on Feb 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: ~~Cancer of Stomach~~ Carcinoma of Stomach

Due to:

Due to:

Other conditions: Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Yes

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: R. W. Jansen (M. D. or other)

Address: Manchester, Mo. Date signed: 2/28/44

(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 Juddie A. Zugenkin

Licensed Embalmer No. 2270

P. O. Address 6409 Gravois Ave.

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.