

S. No. 2
DOM-2-43
v. 5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22787

State File No. _____

FILED JUL 31 1944 18

Primary Registration District No. 1003

Registrar's No. 6450

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CARL ARTHUR AITTAMA

3. (b) If veteran, name war None

3. (c) Social Security No. 702-03-4575

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lucille Aittama

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August 10th 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>11</u>	<u>10</u>	hr. min.

9. Birthplace Calumet Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Frisco Railroad

12. Name Job Aittama

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

14. Maiden name Selma Mattila

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

16. (a) Informant Mrs. Lucille C. Aittama

(b) Address 3236A Liberty Street.

17. (a) Removal by Rail (b) Date thereof 7-22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calumet, Michigan

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) JUL 22 1944 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 715

(d) Street No. 3236A Liberty (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 29, 1944, to July 20, 1944, that I last saw him alive on July 20, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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? _____

23. Signature J. F. Brebeck (M. D. or other) _____
Address 4960 Laclede St. Louis Mo Date signed 7-20-44

Duration _____

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 Harry J. Schumaker

Licensed Embalmer No. 2679

P. O. Address. 732 Loma Park Rd.

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.