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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 397

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 92

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills (b) County Madison 999
(c) City or town Collinsville
(If outside city or town limits, write "RURAL")
(d) Street No. 355 N. Aurora NB
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irma K. Ittig

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theodore Ittig
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug 30th-1895 (Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 28 If less than one day hr. min.

9. Birthplace St Jacobs, Ills., (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business at Home

FATHER
12. Name Henry Rhein
13. Birthplace St Jacobs, Ills., (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Widicus
15. Birthplace St Jacobs Ills., (City, town, or county) (State or foreign country)

16. (a) Informant Theo. Ittig
(b) Address Collinsville, Ills.,
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Collinsville, Ills.
18. (a) Signature of funeral director Geo M. Schiseppel
(b) Address Collinsville, Ills.
19. (a) JAN 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1945 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from JAN. 17, 1945 to JAN 27, 1945 that I last saw her alive on JAN 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ca. of right lung involving The pelvic bones	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other) M. D.
Address 4930 Lindell, St Louis, Mo Date signed 1-27-45

(Licensed Embalmer's Statement on Reverse Side)

937

937

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. Geo M. Schroeppel.

Licensed Embalmer No. 1598

P. O. Address Collinsville, Ills.,

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.