. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6935

FILED FEB 11 1946

Registration District No. 77 Primary Registration District No. 3063 Registrar's No. 288

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. 40 min. (Specify whether In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 4977 Seibert Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRIEDA BITTER

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Bitter

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 13 (Day) 1896 (Year)

8. AGE: Years 49 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Appleton City (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Stetsen
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Lena Schultz
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant John Bitter

(b) Address 4977 Seibert Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/4/46 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 2-5-46 (Date received local registrar) (b) E G McGarran M D (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1946 hour Twelve minute 20 AM.

21. I hereby certify that I attended the deceased from February 1st, 1946 to February 2nd, 1946 that I last saw her alive on February 2nd, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive cardiovascular disease.	
Due to @ 3d	
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 John T. Farrar (M.D. or other) M.D.

Address 601 Brentwood Date signed 2/2/46

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Portland 14 Me

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.