

No. 2
 5-5-43
 5-17-39
 X3687

FILED DEC 9 1946
 Registration District No. **318**

1003

Primary Registration District No. _____

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

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Christian Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 0-100
 (c) City or town St Louis
(If outside city or town limits, write "RURAL") 15 17
 (d) Street No. 5000 South Broadway
(If rural, give location) 9
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Sally Dawson Tittle
 3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 28
 year 1946 hour 9 minute - P M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Frank Tittle
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 22, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 30 1946 to Nov 28 1946
 that I last saw him alive on Nov 28 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 3 Days 20
 If less than one day hr. _____ min. _____

Immediate cause of death:
Atherosclerotic Heart Disease 8 yrs +
Aortic Chronic 8 yrs +
Metastatic Carcinoma Lung 6
 Due to _____ ?
Atherosclerotic heart ?
 Due to Carcinoma Breast (later metastatic to lungs) ?
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace not known Hungary
(City, town, or county) (State or foreign country)

Major findings: Carcinoma Breast
 Of operations operated about 8 yrs ago
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Lawrence
 11. Industry or business Lawrence
 12. Name Franz
 13. Birthplace not known Hungary
(City, town, or county) (State or foreign country)
 14. Maiden name Z. Jonap
 15. Birthplace not known Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Paul J. Friedman
 (b) Address 5514 Clemens
 17. (a) burial (b) Date thereof 11/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Mausoleum

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? _____

18. (a) Signature of funeral director J. L. Ziegenhein & Son
 (b) Address 7027 Grayois

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature Paul J. Warner (M. D. or other) M.D.
 Address Paul Farm, Bldg 20, J. P. Co Date signed Nov 24 46

19. (a) NOV 30 1946
(Date received local registrar) J. F. Brudeck
(Registrar's signature)

323X
6D
323X

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 Frank J. Duane

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10213

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:
(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 Sally D. Zylke

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Aug 2 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2x hr. min.

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

10. Usual occupation housework

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof.....
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. J. F. Brudeck
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town.....
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8
 year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
 to....., 19.....;
 that I last saw him..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Duration

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..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

DEC 12 1946

39169

9P-2600