

S. No. 2
1-1/47
5-17-39

FILED JUL 26 1947

1003

State File No. 6750
Registrar's No.

Registration District No. Primary Registration District No.

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4530 Durant Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Adelheide M. Pitz

3. (b) If veteran, name war None 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 Albert R. Pitz 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 27, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 1 19 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name Anthony Kraus

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

14. Maiden name Catherine Schaper

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

16. (a) Informant Mr. Albert R. Pitz

(b) Address 4530 Durant Ave

17. (a) Burial (b) Date thereof 7/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) J. F. Bradeck (b) J. F. Bradeck
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th, year 1947 hour 5:15 AM minute M.

21. I hereby certify that I attended the deceased from July 1946 to July 16, 1947, that I last saw her alive on July 16 and that death occurred on the date and hour stated above.

Immediate cause of death Central Apoplexy Duration 6 days

Due to Arteriosclerosis

Chronic myocarditis

Due to Uremia

Other conditions.....
(Include pregnancy within 3 months of death.)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause of 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 Anthony V. Benincasa (M. D. or other) MD

Address 2801 N. Taylor Date signed 7-17-47

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

MOTHER FATHER

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 Gustav W. Dittels
Licensed Embalmer No. 4339
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.