

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28845**
8259
Registrar's No.

National Office of Vital Statistics
FILED SEP 8 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's 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..... **Deaconess Hospital**
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Dent**

(c) City or town..... **Salem**
(If outside city or town limits, write "RURAL")

(d) Street No. **NR** (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **John F. Bittick**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

4. Sex..... **Male**

5. Color or race..... **White**

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

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

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

7. Birth date of deceased..... **November 13 1861**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	9	14 hr. min.

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

10. Usual occupation..... **Barber**

11. Industry or business.....

12. Name..... **Unknown Bittick**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Clarence Inman**

(b) Address..... **Salem, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **8-29-47**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Salem, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **Aug 29 1947** (Date received local registrar) **J. J. Braddock** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **August** day..... **27**
year..... **1947** hour..... **6** minute..... **00** P.M.

21. I hereby certify that I attended the deceased from..... **Aug 21** 19**47** to..... **Aug 27** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Acclusion anterior coronary artery**

Due to..... **arterio-sclerotic heart disease**

General arterio-sclerosis

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

Major findings: Of operations..... **9th**

Of autopsy..... **9th**

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..... **0**

23. Signature..... **H. W. Bradford** (M.D. or other) Address..... **19 E. Lockwood** Date signed..... **8/29/47**

Duration **10 days**

5 years

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

SEP 18 1947

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

John J. Denny

Licensed Embalmer No. *4194*

P. O. Address _____

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.