S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 40558

Registrar's No. 2452

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1523 Valle Ave.,
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 Valle Ave.,
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Edger H. Sittner Sr.,
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 499-01-4867.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Sittner
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased May 7, 1897. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	6	15	..... hr. ..... min.

9. Birthplace Perryville, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Accountant
11. Industry or business .....
FATHER
12. Name Frank Sittner
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alvina Bodenschotz
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Florence Sittner
(b) Address 1523 Valle Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25/47. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) 11-28-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1947 hour 3:30 minute P.M. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.....;
that I last saw him alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

PHYSICIAN
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 Cecil A. Sharp (M. D. or other)
Address Commissioner of Health Date signed 11-25-46

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

St. Louis Co. Coroner
Clayton, Mo.

DEC 19 1947

JAN 1 1948

DEC 4 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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.