

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

11852

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:
City Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **1 day 11 hrs**
(Specify whether
In this community..... **about 20 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **St. Louis**

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

(d) Street No..... **1051 Allen Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME..... **Donis Patricia Kittel**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **12** day..... **25**
year..... **1947** hour..... **10** minute..... **40** a.m.

4. Sex..... **Female** 5. Color or race..... **white**

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

6. (b) Name of husband or wife..... **Geo P. Kittel**

6. (c) Age of husband or wife if alive..... **70** years

7. Birth date of deceased..... **12 25 1899**
(Month) (Day) (Year)

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

Immediate cause of death..... **Pneumococci Meningitis**

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

48 0 0 hr..... min.....

Due to.....

Due to.....

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

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

10. Usual occupation..... **Housewife**

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business.....

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

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)

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)

16. (a) Informant..... **Mr. George P. Kittel**

(b) Address..... **1051 Allen Ave.**

17. (a) **Burial** (b) Date thereof..... **12-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cemetery**

18. (a) Signature of funeral director..... **Edward J. Dordant**
(b) Address..... **2228 St. Louis Ave.**

19. (a) **DEC 28 1947** (b) **J. F. Benedek**
(Date received local registra.) (Registrar's signature)

23. Signature..... **John E. Taylor** (M. D. or other)
Address..... **500 Clark** Date signed..... **12/28/47**

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

MOTHER FATHER

ml

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 *Henry M. Brammer*
Licensed Embalmer No. *4200*
P. O. Address *St. Louis*

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.