

No. 300
-10-47
5-17-39
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State File No.

FILED JAN 22 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 375

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: DE PAUL 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)

In this community _____
years, months or days

3: (a) PRINT FULL NAME OTTO J. LITZINGER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased APRIL 2 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name OTTO LITZINGER

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

14. Maiden name NELLIE HAMILTON

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

16. (a) Informant Viola Litzinger

(b) Address 4112 A ME REE AV

17. (a) BURIAL (b) Date thereof Jan 14 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW Pickersen

18. (a) Signature of funeral director E. J. Schurer

(b) Address 3125 Lafayette Ave

19. (a) JAN 13 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4112 A ME REE AV
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1948 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 11 1948 to Jan 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 days

Due to Chr. Bronchiectasis 1 yr

Due to _____

Other conditions 106
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 6

23. Signature Chas. G. ... (M. D. or other) _____
Address 4052 Maryland Date signed 1-13-48

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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 *Joseph B. Holman*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette 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.