S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5082
Registrar's No. 822

Registration District No. 949 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1402 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 83 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1402 Montgall
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William R. Sitzler
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary M. Sitzler
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. 29, 1864 (Month) (Day) (Year)
8. AGE: Years 83 Months 4 Days 22 If less than one day hr. min.
9. Birthplace: Kansas City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Bookkeeper
11. Industry or business: Waukesha Brewery
MOTHER FATHER
12. Name: Wm. Sitzler
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Mary A. Rhinehardt
15. Birthplace: Germany (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs Gertrude Hoernig
(b) Address: 1402 Montgall
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's
18. (a) Signature of funeral director: Thos. E. Quirk
(b) Address: 4316 Troost Ave.
19. (a) 2-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 48 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from 2-20-48, 19..., to 2-21, 19 48, that I last saw him alive on 2-20, 19 48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nutritional Myocarditis	
Due to: Infection in body	
Due to:	
Other conditions: Auto accident 2-6-48 (Include pregnancy within 3 months of death)	
Major findings: Auto + pedestrian	
Of operations:	
Of autopsy: 1928	

PHYSICIAN — ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED — Underline the cause of death which should be tabulated statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 2-6-48 123
(c) Where did injury occur? K. C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place 15th + Prospect (Specify type of place)
While at work? no (e) Means of injury: Auto trauma
23. Signature: Harry W. Dugan (M. D. or other)
Address: 140 Prospect Date signed: 2-21-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Thomas E. Quirk

Licensed Embalmer No. 3775

P. O. Address R. C. 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.

HARRY W. DUGAY, M. D.
1401 PROSPECT
PHONE CHESTNUT 8947
KANSAS CITY, MISSOURI

April 29, 1948

Sgt. J. W. Caldwell
Police Dept
Kansas City, Mo

Dear Sgt. Caldwell:

RE: WM. SITZLER

The above was struck by an automobile on Feb. 6, 1948, and was taken to the General Hospital for treatment. He was kept in the hospital two weeks, and the doctors released him as recovered, as far as the accident was concerned.

I saw him at his home, 1402 Montgall, Feb. 20, 1948 and checked him. He was a man 83 years old and I had treated him for the past 2 or 3 years for a heart ailment. On this date, Feb. 20, 1948. I did not find very much wrong with him because of the accident other than ecchymoses, stiffness and soreness. He still had his heart condition and I put him back on his heart treatment. He died Feb. 21, 1948 and I signed the cause of death due to Chronic Mitral Regurgitation and Chronic Myocarditis, which was my opinion.

Yours respectfully

Harry W. Dugay M.D.

HWD:re

S-5082-1948