No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13873

FILED MAY 11 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4151

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: 4054 Lafayette 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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4054 Lafayette Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry H. Bitters
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Bitters
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August (Month) 17 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	13	hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Salesman - Retired
11. Industry or business W.A. Hasse Co

FATHER
12. Name Herman Bitters
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzette
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Bitters
(b) Address 4054 Lafayette Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) MAY 3 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 30, 1948 to April 30, 1948, that I last saw him alive on April 30 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac occlusion	1 day
Due to Ch arteriosclerosis & Ch Heart Disease	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death) 95-C	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature W. H. Walters M.D. (M. D. or other)
Address 3608 S Grand Date signed 5/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.