FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 13 1948
Registration District No. 517

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25026
Registrar's No. 1842

1. PLACE OF DEATH:
(a) County ST. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Gardenville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9149 Gravois 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bernard X Litsch
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 24, (Day) 1863 (Year)

8. AGE: Years 85 Months 5 Days 5 If less than one day hr. min.
9. Birthplace not known (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Tar Roofer
11. Industry or business Retired
FATHER
12. Name Xavier Litsch
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Waburga Berger
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Anna Dotter
(b) Address 5708 Finkman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) 7-31-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28
year 1948 hour 7 minute 05 P. M.
21. I hereby certify that I attended the deceased from Dec 2, 1946, to July 28, 1948;
that I last saw him alive on July 23, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Senility	
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
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) 0
While at work? (e) Means of injury
23. Signature A. S. Morden M.D. (M. D. or other)
Address 3507 Potomac Date signed 7-29-48

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.....Frank S. Owens

Licensed Embalmer No.....2245

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.