

No. 300
-10-47
-17-39
P 3905

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34291
Registrar's No. 8731

Registration District No. 318

Primary Registration District No. 1003

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:
4616 Sulphur 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

3: (a) PRINT FULL NAME WILLIAM F. ITTNER
3: (b) If veteran, name war None 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 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov. 17 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Highland Ill.
(City, town, or county) (State or foreign country)
Usual occupation Accountant
Industry or business Pet Milk Co.

12. Name Andrew Ittner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
Maiden name Elizabeth Job
14. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Ittner
(b) Address 4616 Sulphur Ave.
(c) Removal (Mtr.) (Burial, cremation, or removal) (b) Date thereof: 10-9-48
(Month) (Day) (Year)

17. Place: burial or cremation Highland, Ill.
(b) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 S. Kingshighway Bl.
OCT 7 1948
19. (a) _____ (b) J. B. Lusater
(Date received local registrar) (Registrar's signature)

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. 4616 Sulphur Ave.
14 (If rural, give location) 6
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 6
year 1948 hour 7:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1943
19 _____ to Oct 1948, 19 _____
that I last saw him alive on 9-28-1948, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction due to
Arterio Sclerosis
Due to _____
Due to _____
Other conditions Diabetes Mellitus 5 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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 _____
23. Signature Clarence Hosts (M. D. or other) M.D.
Address 3723 S. Kingshighway Date signed 10/7/48

Duration
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER
Can they sign for me?

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

Richard W. Stovesand

Licensed Embalmer No.....

4007

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of St. Louis } ss.

State File No. 34291-48
Local Registrar's No. 8731

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of November, 1948, before me appears

Mr. Frank Deters (Funeral Director), who, upon his oath, states that the original record of ~~birth~~ death for William F. Ittner died Oct. 6, 1948, 19 , in the State of Missouri, and which was filed at St. Louis, Mo. on Oct. 7th, 1948, should be corrected as follows:

Item No. 7 should read Nov. 17, 1871

Instead of Nov. 17, 1870

Item No. 8 should read 76yrs. 10mos. 19days

Instead of 77yrs. 10mos. 19days

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank F. Deters Funeral Dir. Relationship.

4272 S. Kings Highway Present Address

Subscribed and sworn to before me this 19 day of Nov, 1948

My Commission expires 3-4-49 Ellen C. Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

