FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34487

FILED OCT 30 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9038

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: De Paul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 047
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 4144 Glasgow Ave (If rural, give location) 7
(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country

3. (a) PRINT FULL NAME: John G. Mittenzwey
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Late Carrie Mittenzwey
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 16 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
80	3	29	hr. min.

9. Birthplace: Collinsville Ills (City, town, or county) (State or foreign country) 1
10. Usual occupation: Retired
11. Industry or business:
MOTHER FATHER
12. Name: Gottlieb Mittenzwey
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
14. Maiden name: Wilhelmina Wendler
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant: Ralph Mittenzwey
(b) Address: 5020 Ruskin Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Concordia Cemetery
18. (a) Signature of funeral director: Calvin F Feutz
(b) Address: 4828 Nat Bridge Blvd
19. (a) OCT 19 1948 (Date received by local registrar) (b) J. B. Loscher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 15 year: 1948 hour: 5 minute: 50 P. M.

21. I hereby certify that I attended the deceased from January 11, 1947, to October 15, 1948 that I last saw h. alive on October 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma	6 mos
Due to: Carcinoma of colon	1 yr
Due to:	
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)
While at work? (e) Means of injury

23. Signature: Arthur Bruckner (M. D. or other) M.D.
Address: 2202 Hampton St. Date signed: 10/6/48

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

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

9038

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 Ralph C. Linders

Licensed Embalmer No. 4225

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.