

No. 300
-10-47
-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
#50680
FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34769
9090
Registrar's No.

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 30 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000 17
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9
(d) Street No. 2849 A EADS Memorial (If rural, give location) 0.
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME FRANK TITUS
3. (b) If veteran, name war -
3. (c) Social Security No. 494-03-8240

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 19th
year 1948 hour 7 minute 25 AM.
21. I hereby certify that I attended the deceased from 10/8/48
to Oct. 19th 19 48
that I last saw him alive on Oct. 19th 19 48
and that death occurred on the date and hour stated above.

4. Sex MALE (1) 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased APRIL 5 1881
(Month) (Day) (Year)

Immediate cause of death cardiac decompensation
a bacterial pneumonia
Due to arterio-sclerotic heart disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 67 Months 5 Days 14
If less than one day hr. min.

9. Birthplace: NEWHA NEBRASKA
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business FAMOUS DEPT STORE

12. Name JAMES TITUS

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant ANNA TITUS

(b) Address 2849 A EADS

17. (a) BURIAL (b) Date thereof OCT 21 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEMETERY

18. (a) Signature of funeral director A.W. McLAUGHLIN

(b) Address 2301 LAFAYETTE
19. (a) OCT 20 1948 (b) J.B. Leaton
(Date received local registrar) (Registrar's signature)

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) (Means of injury)
23. Signature 1515 Lafayette 10/19/48
Address Date signed

WRITE PLAINLY—USE 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 *O. W. Cooper*
Licensed Embalmer No. *3830*
P. O. Address *301 Lafayette*

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.