

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3277
State File No. _____
Registrar's No. 135

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3068		REGISTRAR'S NO. 135	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY 2039			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood, Mo		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rees Nursing Home				d. STREET ADDRESS (If rural, give location) 3 6521 Loran Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) E.		c. (Last) Littig		4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 13, 1863		9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Christ Littig		13b. MOTHER'S MAIDEN NAME Hagerty		14. NAME OF HUSBAND OR WIFE Amanda Littig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. F. Littig 6521 Loran			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of age</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months 794X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 5, 1949, to January 15, 1950, that I last saw the deceased alive on Jan 13, 1950 and that death occurred at 7:30 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George J. Shelby, M.D.				23b. ADDRESS 3329 So. Kingshighway		23c. DATE SIGNED 1/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt Lebanon Cemetery		24d. LOCATION (City, County, State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 1-16-50		REGISTRAR'S SIGNATURE Shepherd L. Blouke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 5616 Chippewa St.			

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

1004

Dr. Geo. J. Schejbal
332 9 So. Kingshighway
SW 2544

1 to 4

2 cc

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

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.