

FILED SEP 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. 7396		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place) 7		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		d. STREET ADDRESS (If rural, give location) 2079		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4959 DAVISON				d. STREET ADDRESS (If rural, give location) 4959 DAVISON				
3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) E. c. (Last) LITZINGER			4. DATE OF DEATH (Month) (Day) (Year) 8-28-50					
5. SEX FEM	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 12-24-08	9. AGE (In years last birthday) 41 yrs	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Mo		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME GEO. F. GROB		13b. MOTHER'S MAIDEN NAME NORA L. UNK		14. NAME OF HUSBAND OR WIFE Edward Litzinger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard Litzinger 4959 Davison				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 10 hours years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 23 AX				
22. I hereby certify that I attended the deceased from Aug 1949 , to Aug 28, 1949 , that I last saw the deceased alive on Aug 28, 1949 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Edw. Schmidt MD				23b. ADDRESS 6704 W. F. ...		23c. DATE SIGNED Aug 28/50		
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-31-50		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St Louis Mo		
DATE REC'D BY LOCAL REG. AUG 30 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmit 3125 Lafayette				

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Joseph B. Rollmer

Signed.....

Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.