

STANDARD CERTIFICATE OF DEATH

31705

State File No. 8038

FILED OCT 5 1950

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8038

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home.			d. STREET ADDRESS (If rural, give location) 19 3701 Lindell Blv'd.,		
3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) EMMERT	c. (Last) HITT.	4. DATE OF DEATH (Month) (Day) (Year) Sep't 21, 1950.	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 26, 1878.	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 10
IF UNDER 24 HRS. Days 25	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President	10b. KIND OF BUSINESS OR INDUSTRY Walter Bledsoe & Co	11. BIRTHPLACE (State or foreign country) Mount Morris, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John W. Hitt		13b. MOTHER'S MAIDEN NAME Nancy Rowland		14. NAME OF HUSBAND OR WIFE Lillian H. Hitt	
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. 485-057707	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian H. Hitt, 3701 Lindell Blv'd.,			
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident ANTECEDENT CAUSES By persons we heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? THROW			
22. I hereby certify that I attended the deceased from out , 10:48 , to Sept 21, 1950 , that I last saw the deceased alive on Sept 21, 1950 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Alonrad Mallee, M.D.			23b. ADDRESS University Club Bldg		23c. DATE SIGNED 9-22-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9-23-50	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		
DATE REC'D BY LOCAL REG. SEP 22 1950	REGISTRAR'S SIGNATURE J. Blaster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G.R. Lupton & Sons, 7233 Delmar Blv'd.,		

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 _____

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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.