

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43753**  
Registrar's No. **10372**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

209  
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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 <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>37 TOWN Brentwood</b>	
c. LENGTH OF STAY (in this place) <b>6 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>8615 Eulalia St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUBY</b> b. (Middle) <b>NORMA</b> c. (Last) <b>LITZINGER</b>		4. DATE OF DEATH <b>Dec. 5 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 29, 1916</b>
9. AGE (in years last birthday) <b>34</b>		10. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>	

13a. FATHER'S NAME <b>Edwin Randolph</b>	13b. MOTHER'S MAIDEN NAME <b>Melba Henke</b>	14. NAME OF HUSBAND OR WIFE <b>Norman Litzsinger</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Norman Litzsinger 8615 Eulalie</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute congestive heart failure</b>		<b>6 weeks x</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Portal Cirrhosis</b>		
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 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? <b>3810</b>

22. I hereby certify that I attended the deceased from **Oct. 25**, 19 **50**, to **Dec. 5**, 19 **50**, that I last saw the deceased alive on **Dec. 5**, 19 **50**, and that death occurred at **3:00p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Lowry Brown, M.D.</b> (Degree or title)	23b. ADDRESS <b>5400 Arsenal St.</b>	23c. DATE SIGNED <b>12/5/50</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 9, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>
		24d. LOCATION (City, town, or county) (State) <b>Affton, Mo.</b>

DATE REC'D BY LOCAL REG. <b>DEC 6</b>	REGISTRAR'S SIGNATURE <b>J. B. Fessler</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonial Mortuary 6464 Chippewa St.</b>
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THE BOARD OF

HEALTH AND HUMAN SERVICES

Dec 2

LICENSURE

YEAR

STATE OF TEXAS  
HEALTH AND HUMAN SERVICES

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.....

*Simon E. Hoffmann*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.