

FILED APR 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13671

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN "Rural" St. Charles) c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles <i>0922</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Charles County Home		d. STREET ADDRESS (If rural, give location) 223 Montgomery Street	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Jacob	c. (Last) Bitzer	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1951
-------------------------------------	------------------------	--------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15, 1868	9. AGE (In years last birthday) 82 Months 10 Days 27	IF UNDER 18 REG. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Meat Business	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	---

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE XXXXXX dec'd 1946 Minnie (Pitterich) Bitzer
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) No (If yes, give war or dates of service) NIL	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME John Bitzer (son) ADDRESS Valley Park, Missouri
--	------------------------------------	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Compensation		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis 2 yrs.		
	DUE TO (c) Isen Arterio sclerosis 10 yrs.		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221
--	--	---

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 **Apr 3**, 19**51**, to **Apr 12**, 19**51**, that I last saw the deceased alive on **Apr 10**, 19**51**, and that death occurred at **4:45 P** m., from the causes and on the date stated above.

23a. SIGNATURE A. Ferich Schurz (Degree or title) MD	23b. ADDRESS St. Charles Mo.	23c. DATE SIGNED 4/13/51
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 13-1951	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. 4-19-51	REGISTRAR'S SIGNATURE Franie Hamel	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dalleneyer & Sons Co ADDRESS 800 N. 2nd St. Charles, Mo.
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

9220
5

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 23 1951

RECEIVED

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 4189

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Joseph I Landolt
Licensed Embalmer No. 4189

P. O. Address St Charles 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.