No. 300
10.48

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FILED JUN 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20590

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Joachim
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: J.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2017
d. STREET ADDRESS (If rural, give location): 7309 Minnesota Str.

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) J. c. (Last) Hittler

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single U
8. DATE OF BIRTH: Nov. 5, 1913
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 6, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ehardt Hittler
13b. MOTHER'S MAIDEN NAME: Florance Merceille
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John Schaller 7309 Minnesota Ave St Louis, Mo.

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) Drowning, Accidental

ANTECEDENT CAUSES
Morbid 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 E9298
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 050 42
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rush Tower Jefferson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 1 51 7:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Accident

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 7:00 p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dewan Matthews Coroner
23b. ADDRESS: 101 Main St Festus Mo
23c. DATE SIGNED: 6/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 7, 1951
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): St Louis Mo.

DATE REC'D BY LOCAL REG.: 6-7-51
REGISTRAR'S SIGNATURE: Eleanor Lovince 444
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Joseph P. Fendler Jr. 7128 Michigan Ave St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1951

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 6-20-51

JUN 30 1951

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.

Not Embalmed

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.