

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39335

State File No. 10547

FILED DEC 8-1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 103 Registrar's No. 10547

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (If 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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 week		d. STREET ADDRESS (If rural, give location) 2123 Lynch St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bro. Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) Litsch c. (Last) Litsch			4. DATE OF DEATH (Month) (Day) (Year) November 25, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 29, 1886	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Chiropractor		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 Ignatz Litsch		13b. MOTHER'S MAIDEN NAME Victoria Huschle		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 AND ADDRESS Emil C. Litsch Jackson, Miss.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Cardiac Collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Chr. Cardio-Vascular Dis. DUE TO (c) Chr. Atrophic Hepatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anoxia			INTERVAL BETWEEN ONSET AND DEATH Tender Five years Five years
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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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 581.0	

22. I hereby certify that I attended the deceased from Nov. 5, 1951, to Nov. 25, 1951, that I last saw the deceased alive on Nov. 25, 1951, and that death occurred at 2:35P m., from the causes and on the date stated above.

23a. SIGNATURE Leo P. Young (Degree or title) M.D.		23b. ADDRESS 2621 S. Jefferson		23c. DATE SIGNED 11/26/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/28/51		24c. NAME OF CEMETERY OR CREMATORY St. Pater & Paul Cemetery St. Louis	
				24d. LOCATION (City, town, or county) (State) Mo.	

DATE REC'D BY LOCAL REG. NOV 27 1951		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS John H. Gebken Sons 2630 Gravois Ave.	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.