

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18923**

XC 167 88 667

REG. # 98680

BIRTH NO. **MAY 17 1952**

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1263**

10000

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

| | | | | | |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY ILLINOIS | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO. | | c. LENGTH OF STAY (In this place) 152 DAYS | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLLINSVILLE, | | 8120 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPITAL | | | d. STREET ADDRESS (If rural, give location) 355 N. AURORA ST. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) THEODORE | | b. (Middle) WILLIAM | c. (Last) ITTIG | 4. DATE OF DEATH (Month) (Day) (Year) MAY 10, 1952 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH 3-21-94 | 9. AGE (In years last birthday) 58 YRS | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROAD MAINTENANCE MAN | | 10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION | 11. BIRTHPLACE (City and State or Foreign Country) COLLINSVILLE, ILLINOIS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME AUGUST ITTIG | | 13b. MOTHER'S MAIDEN NAME MATILDA REIMLER | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES | | 16. SOCIAL SECURITY NO. 332 07 9835 | 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTRO-INTESTINAL HEMORRHAGE ANTECEDENT CAUSES Due to (b) RUPTURED ESOPHAGEAL VARIX Due to (c) LAENNEC'S CIRRHOSIS II. OTHER SIGNIFICANT CONDITIONS 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 | | 20. AUTOPSY? 5811 YES <input checked="" 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) VA | 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 12-10-1951 , to 5-10-1952 , and that death occurred at 8:10 a.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE M. Fingerhood (Degree or title) M.D. | | | 23b. ADDRESS VA HOSPITAL, JEFF BRKS, MO. | | 23c. DATE SIGNED |
| 24a. BURIAL CREMATION REMOVAL (Specify) | 24b. DATE 5-12-52 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Collinsville Ill. | | |
| DATE REC'D BY LOCAL REG. 5-12-52 | REGISTRAR'S SIGNATURE Herbert R. Dombke MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Schneppel - Collinsville Ill ADDRESS | | |

SW (Licensed Embalmer's Statement on Reverse Side)

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

Bert A. Jones

Licensed Embalmer No. *24366*

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.