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Reg. # ~~111111~~ 4228

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26778

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1990

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ADAMS</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>JEFFERSON BARRACKS, MO.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>QUINCY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>D.L. SOLDIERS AND SAILORS HOME</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LESLIE</u>	b. (Middle) <u>C.</u>	c. (Last) <u>PITZER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>7-25-52</u>
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5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>6-26-91</u>	9. AGE (In years last birthday) <u>61</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FLORAL BUSINESS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MT. STERLING, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN PITZER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FOLEY</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWI</u>	16. SOCIAL SECURITY NO. <u>## 331 03 7234</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BKS, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF GALL BLADDER & COMMON DUCT WITH METASTASES TO LIVER, LUNGS, PERITONEUM AND PLEURA, RIGHT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 YR</u>
	ANTECEDENT CAUSES Morbidity 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 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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2. I hereby certify that I attended the deceased from 7-3-52 to 7-25-52, 1952, that I last saw the deceased alive, and that death occurred at 8:05A am., from the causes and on the date stated above.

23a. SIGNATURE <u>R.A. ALLEN</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS, MO.</u>	23c. DATE SIGNED <u>7-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. STERLING CITY</u>	24d. LOCATION (City, town, or county) (State) <u>MT. STERLING, ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>7-25-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>
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RSW (Licensed Embalmer's Statement on Reverse Side)

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

MAY 1906

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4285

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.