

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33277**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8629**

BIRTH NO. _____			REG. DIST. NO. 318			PRIMARY REG. DIST. NO. 1003			Registrar's No. 8629		
1. PLACE OF DEATH a. COUNTY _____						2. USUAL RESIDENCE (Where 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. LENGTH OF STAY (in this place) 8 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital						d. STREET ADDRESS (If rural, give location) 3307 N. Euclid Ave.					
3. NAME OF DECEASED (Type or Print) Margaret			a. (First)			b. (Middle) K.			c. (Last) Nitze		
4. DATE OF DEATH Sept. 14, 1952.			5. SEX Female			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH May 22, 1895			9. AGE (in years last birthday) 57			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Charles Jenne			13b. MOTHER'S MAIDEN NAME Katherine Maenner		
14. NAME OF HUSBAND OR WIFE Charles Nitze			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Stocker ADDRESS 6025 W. Florissant Ave.		
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) Carcinoma of Colon INTERVAL BETWEEN ONSET AND DEATH 6 mos. 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 Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION 2-26-52			19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon						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) (Min.) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 153X			22. I hereby certify that I attended the deceased from 1-6, 1952 , to 9-14, 1952 , that I last saw the deceased alive on 9-14, 1952 , and that death occurred at 6:30 P m. , from the causes and on the date stated above.					
23a. SIGNATURE Jo. P. Berman (Degree or title) M.D.						23b. ADDRESS 1225 No. Grand			23c. DATE SIGNED 9-15-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 9/17/52.			24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. SEP 15 1952			REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz ADDRESS 4828 Natural Bridge Blvd.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

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

1225 N. Grand
12 Room - St. Louis

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 Ralph C. Lindus

Licensed Embalmer No. 4275

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.