

RECORDED 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36357
9243
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (In this place) 5 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 5514 Wells

3. NAME OF DECEASED
a. (First) CHARLES b. (Middle) _____ c. (Last) FITTER
4. DATE OF DEATH (Month) (Day) (Year) 5 OCT 52

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH APR 3, 1901 9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab. Tech 10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION 11. BIRTHPLACE (State or foreign country) ST. LOUIS 12. CITIZEN OF WHAT COUNTRY? MO

13a. FATHER'S NAME Isaac Jetter 13b. MOTHER'S MAIDEN NAME Rose Schneider 14. NAME OF HUSBAND OR WIFE Lillian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 888-05-8839 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian Jetter 5514 Wells

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal perforation
DUE TO (c) Paralytic ileus (after subtotal gastric resection)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Buerger's Disease, Pulmonary fibrosis, emphysema, atelectasis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 5411

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 5 Oct, 1952, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard J. Sison M.D. 23b. ADDRESS Jewish Hosp. 23c. DATE SIGNED Oct 5, 1952

24a. BURIAL, CREMATION REMOVAL (Specify) Removal 24b. DATE 10/7/52 24c. NAME OF CEMETERY OR CREMATORY Crest Hill Smith 24d. LOCATION (City, town, or county) (State) University Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct 6 1952 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bernard Thomas 8715 The Plaza

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John J. Rudberg
.....
Licensed Embalmer No. *4529*

Signed.....
Student Embalmer

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.