

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37085

State File No. ....

4002  
C

FILED NOV 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2859</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - MERAMEC</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>STRECKER RD. 4000 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) _____		c. (Last) <u>LITTO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6-1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>AUG. 26, 1887</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Mins.
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>CONSTRUCTION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Litto</u>			13b. MOTHER'S MAIDEN NAME <u>LUCINDA MARSH</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES W.W. I</u>		16. SOCIAL SECURITY NO. <u>490-14-5715</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Linnelle Glenn Mo R#1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign prostatic hypertrophy</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic bladder neck obstruction</u> DUE TO (c) <u>Hydronephrosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>pyelonephritis</u> <u>Arteriosclerotic H.D.</u>				INTERVAL BETWEEN ONSET AND DEATH  " " "	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>601X</u>				20. AUTOPSY? 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) _____		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 <u>11-5</u> , 1952, to <u>11-6</u> , 1952, that I last saw the deceased alive on <u>11-6</u> , 1952, and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Glenn S. Sulway MD</u>				23b. ADDRESS <u>601 S. Brentwood, Clayton 5, Mo.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>11-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>FOND, MO.</u>		
DATE REC'D BY LOCAL REG. <u>11-6-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks - P.T.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edmund Schaefer Funeral Home Ballwin, Mo.</u>			

(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.....

*Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, 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.