

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **43850**  
Registrar's No. **11666**

|  |   |  |  |   |  |   |  |  |                            |
|--|---|--|--|---|--|---|--|--|----------------------------|
| BIRTH NO. _____  |   | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. <b>11666</b>  |  |  |                            |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |   |  |  |                            |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  |   | c. LENGTH OF STAY (In this place) _____  |  | c. CITY OR TOWN <b>St. Louis</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |                            |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>  |   |  |  | e. STREET ADDRESS (If rural, give location) <b>3410 Wyoming Street</b> 2169 0   |  |   |  |  |                            |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Alois</b><br>b. (Middle) _____<br>c. (Last) <b>Mitterbacher</b>   |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1954</b>   |   |  |   |  |  |                            |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                  | 8. DATE OF BIRTH <b>June 21, 1876</b>                        |   | 9. AGE (In years last birthday) <b>78</b>  | IF UNDER 1 YEAR Months _____  | IF UNDER 1 YEAR Days _____   | IF UNDER 1 YEAR Hours _____                | IF UNDER 1 YEAR Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>(retired) Breweryworker Falstaff Co.</b>  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                      |   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |                            |
| 13a. FATHER'S NAME <b>Mitterbacher</b>   |   |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>                     |   | 14. NAME OF HUSBAND OR WIFE <b>Margaret Giel Mitterbacher</b>                              |   |  |  |                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>  |   |  | 16. SOCIAL SECURITY NO. <b>489-09-7394A</b>                  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Mitterbacher</b> ADDRESS <b>3410 Wyoming</b> |   |  |  |                            |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                    | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Extra and Intra peritoneal Hemorrhage; Ruptured Liver; Myocardial infarction when struck by car operated by one, Parkman</b><br>ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (c) <b>Collision at intersection of Grand &amp; Humphrey Streets</b> |  |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH _____                                       |  |                            |
| 19a. DATE OF OPERATION _____   | 19b. MAJOR FINDINGS OF OPERATION <b>about 1:35 pm, Dec 21, 1954</b><br><b>Accident</b>  |  |  |   |  |   | AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |                            |
| 21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>Accident</b>  |   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo Mo</b>  |  |   |  |  |                            |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 21 54 1954</b>  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <b>E8124</b>   |  |   |  |  |                            |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:45 p.m.</b> , from the causes and on the date stated above. <b>25</b> |   |  |  |   |  |   |  |  |                            |
| 23a. SIGNATURE (Degree or title) <b>Patrick J. Taylor, Coroner</b>   |   |  |  | 23b. ADDRESS <b>1300 Clark</b>  |  |   | 23c. DATE SIGNED <b>12.22.54</b>   |  |                            |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |   | 24b. DATE <b>Dec. 21, 1954</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b> |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>            |   |  |  |                            |
| DATE REC'D BY LOCAL REG. <b>DEC 22 1954</b>  |   | REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>   |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Wicker - Kelderle</b> ADDRESS <b>3634 Gravois Ave.</b> |   |  |  |                            |

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.....  
Signature of Student Embalmer

Signed *Robert Wheeler*

Licensed Embalmer No. *2128*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.