

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14202

State File No.

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 923

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 OR TOWN <u>Overland</u>)		c. LENGTH OF STAY (in this place) <u>unk.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10543 Hobday Ave.</u>		c. CITY OR TOWN <u>Overland</u> ^{4 25/8}	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>10543 Hobday Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Litzsinger</u> c. (Last) <u>Litzsinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 17 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 14, 1891</u>		9. AGE (In years last birthday) <u>63</u>		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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>various jobs</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>August M. Litzsinger</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline M. Bruno</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Litzsinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.#1</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Litzsinger</u> ADDRESS <u>10543 Hobday</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN NATURAL CAUSES</u>		INTERVAL BETWEEN ONSET AND DEATH	
		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 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Herbert R. Donke</u> (Degree or title) <u>M.D. Local Registrar</u>		23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-21-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4/21/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bairn and Sons Inc.</u> ADDRESS <u>504-Woodson Rd-Overland-14-Mo.</u>	
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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 *Oscar F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland*

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.