

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16467**
Registrar's No. **3736**

FILED MAY 18 1955

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|---|--|--|---|---|---|--|----------------------------|---|---|--------------------------------|--------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | | | b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Overland | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 9200 Delphine Avenue | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) FREDERICK | | b. (Middle) FRANKLIN | | c. (Last) BITTLE | | 4. DATE OF DEATH (Month) (Day) (Year) April 26, 1955 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH 3 - 31 - 1918 | | 9. AGE (in years last birthday) 37 | | 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) Bookkeeper | | | | 10b. KIND OF BUSINESS OR INDUSTRY Railway Express | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Walter Bittle | | | 13b. MOTHER'S MAIDEN NAME Alpha Benefield | | | 14. NAME OF HUSBAND OR WIFE | | | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alpha Bittle, 9200 Geraldine | | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the Liver | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. | | | |
| | | | | 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. Portal Hypertension with | | | | 2 yrs | | | |
| 19a. DATE OF OPERATION 3-14-55 | | 19b. MAJOR FINDINGS OF OPERATION Esophageal Varicosity | | | | | | 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | | | | | | 5810 | |
| 22. I hereby certify that I attended the deceased from 2-28- , 19 55 , to 4-26- , 19 55 , that I last saw the deceased alive on 4-26- , 19 55 , and that death occurred at 4:30 P m. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <i>Gabriel H. Howard M.D.</i> | | | | | | 23b. ADDRESS BARNES HOSPITAL | | | 23c. DATE SIGNED 4-26-55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4/28/55 | | 24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | | | | |
| DATE REC'D BY LOCAL REG. APR 27 1955 | | REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral | | ADDRESS 1905 Union Blvd. | | | |

(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.....
Signature of Student Embalmer

Signed *Albert R. Thompson*

Licensed Embalmer No. *92*

P. O. Address *H. J. ...*

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.