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FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24882

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1532

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Manchester		c. CITY OR TOWN Overland <i>425</i>	
c. LENGTH OF STAY (In this place) 2 Mo. 11 da.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		STREET ADDRESS (If rural, give location) 10543-Hobday Ave.	

3. NAME OF DECEASED (Type or Print) Elizabeth Amelia Litzsinger			4. DATE OF DEATH July 3-1955		
a. (First)		b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widow	8. DATE OF BIRTH May, 5-1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Julius Koenemann	13b. MOTHER'S MAIDEN NAME Amelia Wussow	14. NAME OF HUSBAND OR WIFE Walter Litzsinger
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Esther Kline ADDRESS Ballwin, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
	DUE TO (b) ARTERIOSCLEROSIS		
	DUE TO (c) SENILITY		
	Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC NEPHRITIS		

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221
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?

22. I hereby certify that I attended the deceased from **APRIL 30, 1955**, to **JULY 3, 1955**, that I last saw the deceased alive on **JULY 2, 1955**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. R. Loving M.D.	23b. ADDRESS BALLWIN, MO	23c. DATE SIGNED 7-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July, 6-1955	24c. NAME OF CEMETERY OR CREMATORY St. Paul, E. & R.	24d. LOCATION (City, town, or county) (State) Stratman, St. Louis, Co. Mo.
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DATE REC'D BY LOCAL REG. 7/5/55	REGISTRAR'S SIGNATURE Herbert R. Danke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.	ADDRESS
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(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.....

Licensed Embalmer No. 45

P. O. Address Ballwin

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.