

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40196

State File No. _____

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 2351

1. PLACE OF DEATH
a. COUNTY St Louis
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 100th c. LENGTH OF STAY (in this place) 18 days
c. CITY OR TOWN St Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital STREET ADDRESS (If rural, give location) 3853 Lindell

3. NAME OF DECEASED (Type or Print) a. (First) Regina b. (Middle) Anne c. (Last) Litzinger 4. DATE OF DEATH (Month) (Day) (Year) Oct 1st 1956

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH 12-10-08 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 47 9 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Comptometer 10b. KIND OF BUSINESS OR INDUSTRY Woolworth Co. 11. BIRTHPLACE (City and State or Foreign Country) Alabama 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Brooks 13b. MOTHER'S MAIDEN NAME Emma Royford 14. NAME OF HUSBAND OR WIFE Leo Litzinger

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. 489-07-6405 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Farin 6625 Delmar Blvd.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic pulmonary tuberculosis undetermined
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 NO

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) 002x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 13, 1956 to Oct 1, 1956 that I last saw the deceased alive on Oct 1, 1956, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bernard Friedman, M.D. 23b. ADDRESS Robert Koch Hospital 23c. DATE SIGNED Oct 2, 56

24a. BURIAL, CREMATION, BURIAL (Specify) _____ 24b. DATE 10/6/56 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 10-5-56 REGISTRAR'S SIGNATURE Robert D. Kinealy 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert D. Kinealy 2228 St. Louis Ave.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 9 1957

MAY 20 1957

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 *W E Morris*.....

Licensed Embalmer No. *33*.....

P. O. Address *St Louis*.....

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.