

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26909

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1580</u>		
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS CO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY OR TOWN <u>RICHMOND HTS</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Brentwood</u>		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 <u>ST MARYS HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>1427 Thrush</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHAN</u> b. (Middle) <u>J</u> c. (Last) <u>Litzou</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 21 57</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>JUNE 19-57</u>		9. AGE (In years last birthday) _____	If UNDER 1 YEAR Months _____ Days _____	If UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Hts, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES LITZOU</u>			13b. MOTHER'S MAIDEN NAME <u>JOAN RIGGER</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Litzou - Brentwood, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis - Congenital</u>				INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity - 31-32 wks.</u>								
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						
		<u>7/6/57</u>						
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>19 June</u> , 19 <u>57</u> , to <u>21 June</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>20 June</u> , 19 <u>57</u> , and that death occurred at <u>4:00 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Herbert A. Ritter MD</u>				23b. ADDRESS <u>76 Hampton Village St Louis 9 Mo.</u>		23c. DATE SIGNED <u>21 June 57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESSURECTION</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO</u>		
DATE REC'D BY LOCAL REG. <u>6-21-57</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Ritter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>		ADDRESS <u>4228 So. ...</u>		

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.....  
P. O. Address.....

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.