

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004002

STATE FILE NUMBER

JAN 12 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 28

300 C
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORMANDY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BRIDGETON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORMANDY DIST. HOP. Length of stay, in 1b 1 day		d. STREET ADDRESS (If outside, give location) 3224 FEE FEE ROAD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Frederick Litzinger			4. DATE OF DEATH Month Day Year JAN. 2, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 10, 1884
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Contractor)	11. BIRTHPLACE (City and state or country) CLAYTON, MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Contractor)		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	12. CITIZEN OF WHAT COUNTRY? U.S.A
11. BIRTHPLACE (City and state or country) St. Louis County		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Phillip LITZINGER		13b. MOTHER'S MAIDEN NAME MARY Schmitel	14. NAME OF HUSBAND OR WIFE Caroline K
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. unk.	17. INFORMANT S.W. C. LITZINGER Address 4435 Kindersrotter 21
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia and bowel obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Occlusion of the duodenum DUE TO (c) Carcinoma of the head of the pancreas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1.57x			INTERVAL BETWEEN ONSET AND DEATH hours hours months
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1-2-59 to 1-2-59 and last saw him alive on 1-2-59 Death occurred at 8:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert E. Owen (Degree or title) A.O.		22b. ADDRESS 7587A Oliv. Blvd. St. Louis 5 Mo.	22c. DATE SIGNED 1-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-5-1959	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CEMETERY	23d. LOCATION (City, town, or county) (State) OLIVETTE, MISSOURI
24. FUNERAL DIRECTOR 2504 BAUMANN BROS. INC. OVERLAND, MO.		25. DATE RECD. BY LOCAL REG. 1-3-59	26. REGISTRAR'S SIGNATURE Herbert R. Owen, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *David C. Gibson*

Licensed Embalmer No. *30154*
P. O. Address *Cleveland 14*

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.