

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026296

FILED VS AUG 14 1959

Registration District No. 9 Primary Registration District No. 6030 Registrar's No. \_\_\_\_\_ STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>7</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>West Alton</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mississippi River</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>703a Clarence Avenue</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Lee</b> Last <b>Kittel</b>				4. DATE OF DEATH Month <b>August</b> Day <b>2</b> Year <b>1959</b>											
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-18-1933</b>		9. AGE (last birthday) <b>25</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker's helper</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>White Baking Co</b>				11. BIRTHPLACE (City and state or country) <b>Venice, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Aloysius Kittel</b>				13b. MOTHER'S MAIDEN NAME <b>Bertha Hoffmann</b>				14. NAME OF HUSBAND OR WIFE <b>Julie Kittel</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mr. O. Kittel, 6104 N. Broadway, St.</b>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accidental Drowning</b> <b>Swimming in Mississippi River</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Drowning in Mississippi River</b>											
20c. TIME OF INJURY <b>3:30</b> Hour a.m. _____ p.m. _____		Month <b>8</b> Day <b>2</b> Year <b>59</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>In River</b>		20f. CITY, TOWN, OR LOCATION <b>Mississippi River</b>		COUNTY <b>St. Chas.</b>		STATE <b>Mo.</b>	
21. I attended the <del>deceased's</del> <b>funeral</b> held inquest on <b>8/10/59</b> and last saw <sup>her</sup> <del>him</del> alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <i>Marion Muehler</i>						22b. ADDRESS <i>Wentzville Mo</i>				22c. DATE SIGNED					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Via Motor</b>		23b. DATE <b>8-5-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>				23d. LOCATION (City, town, or county) <b>St. Louis</b>		(State) <b>Missouri</b>					
24. FUNERAL DIRECTOR <b>Math Hermann &amp; Son, Inc., 2161 E. Fair</b>				25. DATE RECD. BY LOCAL REG. <b>Aug 13 1959</b>		26. REGISTRAR'S SIGNATURE <i>THW</i>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4-17-50

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Bane

Licensed Embalmer No. 3760

P. O. Address St. Charles

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.