

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004417

FILED VS FEB 1 1960 317

Primary Registration District No. 544 Registrar's No. 94

STATE FILE NUMBER

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood	Length of stay in 1b 2 weeks	c. CITY OR TOWN Ellisville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Old State Road
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last William Jacob Litzsinger			4. DATE OF DEATH Month Day Year January 9, 1960			
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 2-8-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME William Litzsinger		13b. MOTHER'S MAIDEN NAME Hermina Buckshorn		14. NAME OF HUSBAND OR WIFE Eva Litzsinger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#1		16. SOCIAL SECURITY NO. 703-03-3326		17. INFORMANT R#1, Box#122 Address Eva Litzsinger, Old State Road Glencoe		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 days 6 months " "
IMMEDIATE CAUSE (a)	bronchopneumonia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	debility & dehydration	
DUE TO (b)	right hemiplegia	
DUE TO (c)	generalized arteriosclerosis	
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 type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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 St. Louis	COUNTY St. Louis	STATE Missouri
21. I attended the deceased from 12/25/59 to 1/9/60 and last saw her/him alive on 1/9/60 Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) John E. Rayland MD	22b. ADDRESS Ballerin, Missouri	22c. DATE SIGNED 1/11/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-12-1960	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Ev. Cemetery Olivette, Missouri	23d. LOCATION (City, town, or county) (State) Olivette, Missouri
24. FUNERAL DIRECTOR Baumann Bros. Inc.	25. DATE RECD. BY LOCAL REG. 1-11-60	26. REGISTRAR'S SIGNATURE John E. Rayland MD	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. Gibb

Licensed Embalmer No. 3457
P. O. Address Overland

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.