

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-029008**

**FILED VS JUL 26 1960**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2072

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <b>MO.</b> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBSTER GROVES</b>		Length of stay in 1b <b>231</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Greenwood Home &amp; Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3822 CONNECTICUT ST.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>KURT</b> Last <b>TITZE</b>				4. DATE OF DEATH Month <b>7</b> Day <b>8</b> Year <b>60</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>7-6-16</b>	9. AGE (last birthday) <b>44</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICAL MECHANIC - POTTER ELECTRIC CO.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>GERMANY</b>		11. BIRTHPLACE (City and state or country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY <b>GERMANY</b>	
13a. FATHER'S NAME <b>PAUL TITZE</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA BERTA OERTEL</b>			14. NAME OF HUSBAND OR WIFE <b>MARGOT TITZE</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. <b>496-36-9451</b>		17. INFORMANT Address <b>Margot Titze 3822 Connecticut 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>cerebro vascular accident</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1-1 1/2 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>arterial hypertension</b>				<b>2 1/2 yrs</b>		
		(4) <b>left hemiplegia</b>				<b>2 yrs.</b>		
		DUE TO (c) <b>Multiple disseminated sclerosis</b>				<b>6 yrs</b>		
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		COUNTY		STATE
21. I attended the deceased from <b>Oct. 20-1959</b> to <b>July 8-1960</b> and last saw <sup>65</sup> him alive on <b>July 8-1960</b> Death occurred at <b>7:10</b> <b>P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Monroe T. Flynn</i> (Deputy or title)				22b. ADDRESS <b>1300 Grant Rd.</b>		22c. DATE SIGNED <b>7-8-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JULY 12, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEW CEMETERY</b>		23d. LOCATION (City, town, or county) <b>ST. LOUIS, MO.</b>		(State)		
24. FUNERAL DIRECTOR <b>KRIEGSHAUSER 4228 S. KINGS HIGHWAY BLVD.</b>			25. DATE RECD. BY LOCAL REG. <b>7-11-60</b>		26. REGISTRAR'S SIGNATURE <i>John G. Murphy M.D.</i>			

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 R. W. Storesand

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.