MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022798

AMENDED FILED JUN 16 1961 Registration District No. 1018 Primary Registration District No. 1003 Registrar's No. 5521 STATE FILE NUMBER

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 3 | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 2 weeks

c. CITY OR TOWN Saint Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Alexian Brothers — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6308 Bradley Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Paul Middle E Last Kittler

4. DATE OF DEATH Month June 11, Day 1961 Year

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH April 2, 1890

9. AGE (last birthday) 70 — IF UNDER 1 YEAR Months 2 Days 9 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retires

10b. KIND OF BUSINESS OR INDUSTRY Western Union Telegraph

11. BIRTHPLACE (City and state or country) Milwaukee Wise

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME (Unknown) Kittler

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Florence Kittler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #1

16. SOCIAL SECURITY NO. Yes

17. INFORMANT Mrs Florence Kittler Address 6308 Bradley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion (anterior) — INTERVAL BETWEEN ONSET AND DEATH 2 Weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — unknown
DUE TO (c) Obesity 287X — unknown

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 6-1-61, to 6-11-61 and last saw her/him alive on 6-10-61
Death occurred at 9:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. V. Wilcox M.D.

22b. ADDRESS 3175 Iowanto av. St Louis

22c. DATE SIGNED 6-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6/14/1961

23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery

23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa Street St.Louis 9, Missouri

25. DATE RECD. BY LOCAL REG. JUN 13 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

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 John L Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis, M

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.