WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 26

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41437

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11423

City St Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Alonzo Alvin Sitz (Sitz)

(a) Residence, No. ..... St., NR Ward. Bloomfield, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada Sitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17-1871

7. AGE: YEARS 63 | MONTHS 4 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoddard Co Mo

FATHER

13. NAME: Jonah Sitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Caroline Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Mrs Ada Sitz Bloomfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield Mo DATE 12-3 1934

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc 4297 N Euclid Ave

20. FILED ..... 19 ..... J F Bredeck Registrar.

DEC - 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1934, to 11-30, 1934

I last saw him alive on 11-30, 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia with intestinal obstruction	Nuks
Acute peritonitis	2 days
~~Gangrene~~	
122	
Other contributory causes of importance:	
Gangrene of intestines (Strangulation)	?

Name of operation: Miastomy Date of 11-29-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fay S. Comer, M. D.

(Address) Barnes Hospital St Louis, Mo.