AUG 15 1938 REC'D SEP 9 1938

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

30020
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 111 — Registered No. 1361
(c) City Rich. Hgts. — (d) Street No. St. Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lorean Estelle Sittig. 320
(a) Residence, No. 5202 Raymond Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 10, 1894
7. AGE: YEARS 43 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri. 122 0

FATHER
13. NAME: W. R. Sittig Sr 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri 0

MOTHER
15. MAIDEN NAME: Mary Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri.

17. INFORMANT (ADDRESS): W. R. Sittig Jr 5202 Raymond Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cemetary Aug. 16, 1938
19. FUNERAL DIRECTOR (ADDRESS): Bensieck Niehaus 1431 Union Blvd
20. FILED AUG 15 1938 — G. R. Meyer M.D. Dep. No. 707 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to Aug 13, 1938
Last saw her alive on Aug 13, 1938 Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Intestinal obstruction near hepatic flexure	7/24/38
Large intestine due to Post infectional adhesions	
Acute Dilation of heart	8/13/38
Other contributory causes of importance:	
Ileus paralytic	8/12/38
Post operative obstruction	

Name of operation: Laporotomy for Intestinal Colecosthing Cing — Date of: July 29 1938 Aug 9 1938
What test confirmed diagnosis? operation — Was there an autopsy?

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) Leo P. Fitzgerald, M. D.
(Address) 6677 Delmar Blvd University City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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Newman + Delman
145 PM
6677 Delman

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed L. M. White

Licensed Embalmer No. 3973

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.)