

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9588

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6153 Victoria Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Edward Gittins  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1  
 6. (b) Name of husband or wife Lucy Gittins 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased Jan. 21st 1856  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 27 If less than one day  
hr. min.

9. Birthplace Forest Park Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business  
 12. Name Edward Gittins  
 13. Birthplace England  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ellis  
 15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant William Gittins  
 (b) Address 6153 Victoria Ave.

17. (a) Burial (b) Date thereof 11-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery, Kriegsshauser Mortuaries

18. (a) Signature of funeral director  
 (b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 17 1942 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
 (a) State Mo. (b) County.....  
 (c) City or town St. Louis 49  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6153 Victoria Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th  
 year 1942 hour 10 minute A.M. M.

21. I hereby certify that I attended the deceased from Oct. 27 1941 to November 17 1942  
 that I last saw him alive on November 17 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2

Due to General Arterio-Sclerosis 2

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)  
 (e) Means of injury.....

23. Signature H. Louis Schuchat (M. D. or other) 0  
 Address 2200 Chouteau av. Date signed 11-17-42

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Edwin W. Mc Dermott*

Licensed Embalmer No. 3024

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**