

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Filed NOV 30 1942
Registration District No.

Primary Registration District No. 1003

Registrar's No. 9618

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hosp.
(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 Mary Gittins

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 15, 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 2 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name Henry 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 Samuel Gittins

(b) Address 5863 Manchester

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

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5863 Manchester
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 18 day
year 1942 hour 7 45 A.M. minute 00 M.

21. I hereby certify that I attended the deceased from 11/17/42
19..... to 11/18/42 19.....
that I last saw her alive on 11/18/42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis 6da
Cardio-nephritis 10yrs.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death): Ind degree burn 6a
right forearm

Major findings: ind

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) Accident

(b) Date of occurrence Nov 22 1942

(c) Where did injury occur? St Louis MO 000
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Street caught fire on the stairs at home
While at work..... (Type of place)
Means of injury Burn

23. Signature J. F. Brebeck (M. D. or other) M.D.
Address 2901 Big Bend Rd. Date signed 11/18/42

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed..... *Flora Eyrick*

Licensed Embalmer No. *1284*

P. O. Address *St. Louis Mo.*

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.