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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26482**

ED SEP 11 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7723**

1485

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
City Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... FREDERICK F. BITTICK.

3. (b) If veteran, name war..... no

3. (c) Social Security No. 493-05-4715

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Bertha Lee Bittick.

6. (c) Age of husband or wife if alive..... 52. years

7. Birth date of deceased..... August 3, 1890.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53. 0. 23. hr. min.

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

10. Usual occupation..... Clerk.

11. Industry or business..... Wagner Electric Co.,

12. Name..... Thomas M. Bittick.

13. Birthplace..... Troy, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Annie A. Allen.

15. Birthplace..... Troy, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Paul Bittick.

(b) Address..... 1143 Hodiamont Ave.,

17. (a) burial. (b) Date thereof..... 8/28/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Hill Cemetery

18. (a) Signature of funeral director..... C.R. Lupton & Sons.

(b) Address..... #7233 Delmar Blvd.

19. (a) AUG 28 1943 (b) J. F. Bussch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri. (b) County.....

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

(d) Street No. 1143 Hodiamont Ave.,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death..... Subarachnoid Hemorrhage of Brain Amputation right Leg when the sheet rope broke on which he was lowering himself from the fourth floor of Malcolm Bliss Hospital about 7:26 am August 27-1943

Due to.....

Due to.....

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)..... Accident AAA

(b) Date of occurrence..... 8-22-43

(c) Where did injury occur?..... St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
Public Place
(Specify type of place)

While at work?.....
(a) Means of injury..... Fall

23. Signature..... Thomas J. Callahan (M. D. or other)
Address..... Deputy Coroner Date signed..... 8-27-43

24K

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.....

Clarence H. Murray

Licensed Embalmer No. *40111*

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.