No. 2
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17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20283

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5213

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9 0

(c) City or town Glen Allen
(If outside city or town limits, write "RURAL")

(d) Street No. NR 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roswell Sitzes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Effie Sitzes

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October (Month) 12 (Day) 1885 (Year)

8. AGE: Years 58 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Bollinger County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lawson Sitzes
13. Birthplace Bollinger County (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Shell
15. Birthplace Bollinger County (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Mrs. Charles Pound
(b) Address 4002a S. Grand Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Glen Allen, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 7 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 6/4-44, 19 to 6/6-44, 19 ; that I last saw h alive on 6/6-44, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage from Old Duodenal Ulcer

Due to

Due to General Sclerosis

Other conditions Total Obstruction
(Include pregnancy within 3 months of death)
of Pyloris

Major findings:
Of operation
Of autopsy Pyloric Obstruction Ulcer

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R K Andrews (M. D. or other) 6/7

Address 4932 Mary Land Date signed 4/4

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1944

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 Albert L. Hoffe

Licensed Embalmer No. 2971

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.