

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29732**
Registrar's No. **8029**

FILED SEP 30 1944
Registration District No. **518**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 22 Years years, months or days)

3. (a) PRINT FULL NAME Nola P. Sitze

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

4. Sex F 5. Color or race W 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 Sept. 24th 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 11 23 hr. min.

9. Birthplace French Mills, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business Housework

12. Name Lee Sitze

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

14. Maiden name Bertha Matkins

15. Birthplace French Mills, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Griffin

(b) Address 2639 Geyer

17. (a) Burial (b) Date thereof 9/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cem.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) SEP 19 1944 (b) [Signature]
(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. 7215 Clayton
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept., day 17th, year 1944 hour 7 minute 30 Am.

21. I hereby certify that I attended the deceased from 9/16/44 to 9/17/44 that I last saw h. alive on 9/17/44 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - pulmonary embolism Duration _____

Due to acute pelvic inflammatory disease

Due to _____

Other conditions 139
(Include pregnancy within 3 months of death)

Major findings: Diffuse pneumonia PHYSICIAN _____
Of operations _____
Of autopsy Diffuse pneumonia
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 J. G. [Signature] (M. D. or other) _____
Address 816 S. Kingshighway Date signed 9/17/44

(Licensed Embalmer's Statement on Reverse Side)

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

J. R. Cooper

Licensed Embalmer No.

3632

P. O. Address

2317 Lafayette

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.