

S. No. 2
M-5-43
7. 5-17-39
e I X36671

FILED JUN 20 1946
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 5007

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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 Tillie Sittig

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased April 19, 1866
(Month) (Day) (Year)

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

80	1	15	_____ hr. _____ min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Fedrick Sittig

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

14. Maiden name Caroline Schlarer

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

16. (a) Informant Mr. Dewey Cowell

(b) Address 6220 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-46
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) JUN 4 1946 (Date received local registrar) J. F. Brewer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 6220 Pennsylvania
Memorial (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1946 hour 10:20 minute A M.

21. I hereby certify that I attended the deceased from 5/5/46
_____ 19____ to 6/3/46 19____
that I last saw her alive on 6/3/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Arterio Sclerotic Heart Disease

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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, or farm, in industrial place, in public place? _____

While at work _____ (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette 6/3/46 signed _____

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

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. W. M. Bentley
Licensed Embalmer No. 3653
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.