

S. No. 2
M-2-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22279**
Registrar's No. **5728**

FILED JUN 3 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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: St. Anthony 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 _____
years, months or days

3. (a) PRINT FULL NAME John W. Titzler

3. (b) If veteran, name war _____ **3. (c) Social Security No.** 49X-03-1435

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

6. (b) Name of husband or wife Katharine **6. (c) Age of husband or wife if alive** 59 years

7. Birth date of deceased Jan. 6 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	5	21	hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business Sefton Fibre Can Co.

MOTHER FATHER

12. Name John Titzler

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

14. Maiden name Margaretta Waldeck

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

16. (a) Informant Katharine Titzler

(b) Address 5100 Christy Ave.

17. (a) Burial **(b) Date thereof** 6 29 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl

19. (a) JUN 28 1946 **(b) J. F. Bredick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 5100 Christy Ave.
(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 27th
year 1946 hour 4 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 26, 1946
7 to June 26, 1946
4 that I last saw him alive on June 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma prostate with metastasis into skull, pelvis, spine, and mediastinal lymph glands.

Due to: _____

Due to: _____

Other conditions: 51
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Prostate

Of operations: _____

Of autopsy: _____

Duration Indefinite

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Elmer S. Sefton (M. D. or other) _____

Address 1115 Paul Brown Bldg **Date signed** 6/28/46

1030-1 2-3

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 *Richard W. Storrison*

Licensed Embalmer No. *4007*

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.