

No. 2
A-5-43
5-17-39
I X36671

FILED MAY 9 1948

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 2481

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5502 Delmar Blvd.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State New Mexico (b) County 999
(c) City or town Albuquerque
(If outside city or town limits, write "RURAL")
(d) Street No. 1610 Eds Alamos Dr.
(If rural, give location) NB 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Stitzberg

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Delores Stitzberg
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov. 20 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Cotton Thread

12. Name Unknown

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

14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Stitzberg

(b) Address Albuquerque, New Mexico

17. (a) Removal (b) Date thereof 3/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director H. Rueda/Kopf, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) MAR 10 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7
year 1947 hour 1 minute A. 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 _____
Crown Thrombosis
Due to _____
Due to 94
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 3
23. Signature Patrick E. Taylor, M.D.
Address 1300 Clark Date signed 3-10-47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

OCT 3 1947

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..... *H E Burgess*

Licensed Embalmer No..... *4029*

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.