S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39644

FILED NOV 28 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10673

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 2 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Ferguson (If outside city or town limits, write "RURAL")
(d) Street No.: Route #10, Box 862 (If rural, give location) R.R.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Gerhard J. Fittje
3. (b) If veteran, name war: None
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Alma L. Fittje nee Poggemoeller
6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased: December 11, 1870 (Month) (Day) (Year)

8. AGE: Years 76 | Months 11 | Days 8 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:

FATHER
12. Name: Johann Fittje
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant: Walter H. Fittje
(b) Address: Route 10, Box862, Ferguson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Cemetery Black Jack, Mo.
18. (a) Signature of funeral director: Math Hermann & Son, Inc.
(b) Address: 2161 East Fair Ave
19. (a) (Date received) NOV 20 1947 (b) J. F. Bruneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1947 hour 12:55AM minute M.
21. I hereby certify that I attended the deceased from 11-5-47, 19, to 11-19-, 1947, that I last saw him alive on Nov 17, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Cardium c
Due to: Metastasis to Brain
Due to:
Other conditions (include pregnancy within 3 months of death): 55
Major findings: Of operations: No
Of autopsy: No

Duration

PHYSICIAN
Underline the cause of 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: D. M. Klemme (M. D. or other)
Address: Date signed 11/19

Jefferson City Printing Co. (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 Gustav W Dietrich

Licensed Embalmer No. 4327

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.