

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42656**  
Registrar's No. **10964**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY **0**  
b. CITY (If outside corporate limits, write RURAL and give township) **St Louis**  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo Baptist Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY **2239**  
c. CITY (If outside corporate limits, write RURAL and give township) **St Louis**  
d. STREET ADDRESS (If rural, give location) **2718 Allen Av**

3. NAME OF DECEASED  
a. (First) **Jacob**  
b. (Middle) **Nitz**  
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
**Dec 21 1950**

5. SEX **Male**  
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH **nov 11 1888**

9. AGE (In years last birthday) **62**  
IF UNDER 1 YEAR Months Days  
IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**Austria Hungary**

12. CITIZEN OF WHAT COUNTRY?  
**U S**

13a. FATHER'S NAME **Jacob Nitz**

13b. MOTHER'S MAIDEN NAME **Theresa Mollar**

14. NAME OF HUSBAND OR WIFE **Katherine**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Katherine Nitz 2718 Allen Av**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of Larynx**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) "  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**obstruction of esophagus**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
**Biopsy - confirmed**

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
**161X**

22. I hereby certify that I attended the deceased from **5th Dec 1950**, to **Dec 1, 1950**, that I last saw the deceased alive on **21**, 1950, and that death occurred at **3:20** m., from the causes and on the date stated above.

23a. SIGNATURE **R. J. Forno M.D.** (Degree or title)

23b. ADDRESS **715 Municipal Hall** 23c. DATE SIGNED **12 23 50**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE **12/23/50**

24c. NAME OF CEMETERY OR CREMATORY **Resurrection C metery**

24d. LOCATION (City, town, or county) (State)  
**St. Louis Mo. 12 23 50**

DATE REC'D BY LOCAL REG. **DEC 22 1950**

REGISTRAR'S SIGNATURE **J. B. Faraker**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Moydell Funeral Home 1926 Allen Av**

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

Handwritten notes in the top right corner, including "Handwritten" and "0294".

Handwritten word "Hand" written vertically in the center of the page.

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Dale A. Traumann

Signed.....  
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address St Louis 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.