

18892

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED MAY 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1301</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)			
a. COUNTY <u>St Louis</u>		a. STATE <u>Mo</u>		b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Johns</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Johns</u>		<u>4211</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8732 Egra.</u>				d. STREET ADDRESS (If rural, give location) <u>8732 Egra. Pl.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Martha</u>		b. (Middle) <u>Anna</u>	c. (Last) <u>HITKEN</u>		(Month) <u>May</u>	(Day) <u>15</u>	(Year) <u>57</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 25 1895</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>New Haven Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christ Rohlfing</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Guese</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Freitag</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Aford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Carcinoma of Intestines</u>				<u>1 yrs</u>	
		DUE TO (c) <u>Generalized Carcinoma</u>				<u>2 1/2 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>					
19a. DATE OF OPERATION <u>Asp</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Generalized Carcinoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:31</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. F. Snyder</u> (Degree or title)				23b. ADDRESS <u>2573 Woodson</u>		23c. DATE SIGNED <u>May 7<sup>th</sup></u>	
24a. DATE REC'D BY LOCAL REG. <u>5-19-52</u>		24b. REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Senate Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>New Haven Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-19-52</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumann Bros</u> ADDRESS <u>2500 Woodson Pl</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 3454

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland #45

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.