

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**7065**

State File No. ....

FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 154

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Clayton</u> <u>H 150</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>7639 Carrswold Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-7639 Carrswold Dr.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>DAVID</u> a. (First) b. (Middle) c. (Last) <u>BITTNER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1 17 54</u>		
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	
<b>8. DATE OF BIRTH</b> <u>June 30, 1895</u>		<b>9. AGE</b> (In years last birthday) <u>58</u>		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>salesman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Sears Roebuck</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>David Bittner, Sr</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Marie Bente</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mildred Huffman Bittner</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW #1</u>		<b>16. SOCIAL SECURITY NO.</b> <u>494-03-9349</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mildred Bittner-7639 Carrswold Drive</u>	
				<b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 hrs</u> <u>4 hrs</u>
	b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>over exertion</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <input checked="" type="checkbox"/>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>1 17 54</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from 1-16, 1954, to 1-17, 1954 that I last saw the deceased alive on 1-16, 1954, and that death occurred at 3 A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>G. A. Russell M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1259 N. Kingshighway</u>		<b>23c. DATE SIGNED</b> <u>1-17-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>cremation</u>		<b>24b. DATE</b> <u>1-19-54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Grove Crematory</u>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Missouri</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>1/18/54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Hebert B. Amick</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C. R. Lupton &amp; Sons-7233 Delmar Blv'd,</u>	
				<b>ADDRESS</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....  
Licensed Embalmer No. *386*,  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.