

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39098

State File No. ....

|  |  |  |   |  |  |  |  |   |  |
|--|--|--|---|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>317</u>  |   | PRIMARY REG. DIST. NO. <u>541</u>  |  | Registrar's No. <u>2659</u>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>   |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Clayton</u>   |  | c. LENGTH OF STAY (In this place)<br><u>2 years</u>  |   | c. CITY OR TOWN <u>Clayton</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>7639 Carrswold Drive</u>   |  |  |   | e. STREET ADDRESS (If rural, give location)<br><u>7639 Carrswold Drive</u>   |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MILDRED</u> b. (Middle) <u>Huffman</u> c. (Last) <u>BITTNER</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>NOV. 12, 1955</u> |  |  |  |  |   |  |
| 5. SEX<br><u>Female</u>  |  | 6. COLOR OR RACE<br><u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH<br><u>Nov. 29, 1899</u>   |  |   |  |
| 9. AGE (In years last birthday)<br><u>55</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Vocal Teacher</u> |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Quincy Illinois</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  |   |  |
| 10a. USUAL OCCUPATION  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Singing</u>  |   | 11. BIRTHPLACE   |  | 12. CITIZEN OF WHAT COUNTRY?   |  |   |  |
| 13a. FATHER'S NAME<br><u>Albert H. Long</u>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Helen Perry</u>               |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>David Bittner</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mr. Harley S. Long 419 So 22nd, Quincy Ill</u>   |  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of hip +</u><br>ANTECEDENT CAUSES <u>General metastases</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr 1</u> |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |  |  |  |  |   |  |
| 19a. DATE OF OPERATION<br><u>12/15/54</u>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Small spindle cell sarcoma of pelvis</u>                                    |   |  |  | 20. AUTOPSY?<br>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) (M.)   |  | 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 <u>12/11</u> , 19 <u>54</u> , to <u>11/12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/12</u> , 19 <u>55</u> , and that death occurred at <u>7</u> P. M., from the causes and on the date stated above. |  |  |   |  |  |  |  |   |  |
| 23a. SIGNATURE<br><u>L. H. Millikin</u> (Degree or title) <u>MD</u>  |  |  |   | 23b. ADDRESS<br><u>2600 S. Kings Highway</u>   |  | 23c. DATE SIGNED<br><u>11/14/55</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Crementation</u>   |  | 24b. DATE<br><u>Nov. 14, 1955</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Crematory</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County Missouri</u>  |  |   |  |
| DATE REC'D BY LOCAL REG.<br><u>11-14-55</u>  |  | REGISTRAR'S SIGNATURE<br><u>Herbert R. Donker MD</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>C.R. Lupton &amp; Sons; 7233 Delmar Blvd;</u>   |  |  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

DR. LESTER MILLIKIN  
2608 So. Kingshighway  
R. 10928  
P.M. To 12: Noon

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 *Clement H. W...*

Licensed Embalmer No. *401*  
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.