No. 300
10-48

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

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19135

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 560 Registrar's No. 1245

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Normandy Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Pine Lawn [redacted] 20
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4007 Cederwood Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle):
c. (Last): Gittemeier

4. DATE OF DEATH (Month) (Day) (Year): 5 18 1956

5. SEX: Male
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 12-14-1878
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Const.
11. BIRTHPLACE (City and State or Foreign Country): Florissant, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unk Gittemeier
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: Annie Gittemeier Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-09-7750
17. INFORMANT'S SIGNATURE OR NAME: Anna Gittemeier
ADDRESS: 4007 Cederwood

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypostatic Pneumonia — 72 hr.
DUE TO (c) Surgery - Abdominal-perineal resection — 8 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 154
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?:

22. *I hereby certify that I attended the deceased from* 5-11, 1956, *to* 5-18-56, 19____, *that I last saw the deceased alive on* 5-18-56, 19____, *and that death occurred at* 10:40 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): DO
23b. ADDRESS: 2335 Brown Rd St Louis
23c. DATE SIGNED: 5-18-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-21-56
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.
24d. LOCATION (City, town, or county) (State): Florissant Mo.

DATE REC'D BY LOCAL REG.: 5-21-56
REGISTRAR'S SIGNATURE: Herbert R. Dombs M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Jos. W. Clark Funeral Home Inc.
ADDRESS: 1125 Hodiamont Ave.

(Licensed Embalmer's Statement on Reverse Side)

Ha. 8-2111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Alfred F. Boedeker

Licensed Embalmer No. 26

P. O. Address 1125 Hod

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.