

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038304
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** SL **26733**

Registrar's No. **10318**

AMENDED

FILED NOV 10 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Length of stay in 1b 38 days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR		c. CITY OR TOWN Belleville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 901 N. 2nd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ROY Middle Last BITTLE				4. DATE OF DEATH Month NOVEMBER Day 4 Year 1961				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/20/20	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days	IF UNDER 24 HR. Hours	IF UNDER 24 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Grader			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) E. St. Louis, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ralph Bittle			13b. MOTHER'S MAIDEN NAME Clara Dashney			14. NAME OF HUSBAND OR WIFE Delores Bittle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW-2				17. INFORMANT Address Delores Bittle (Wife) Same add. as 2.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HODGKIN'S DISEASE								INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) 201x		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour VA a.m. p.m.		Month, Day, Year 9/27/61						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 9/27/61 to 11/4/61 and last saw <input checked="" type="checkbox"/> him alive on 11/4/61				Death occurred at 4:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Marshall Sparberg M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 11/4/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/8/1961	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) Belleville, Illinois.			
24. FUNERAL DIRECTOR Gaerdner Funeral Home, Belleville, Illinois.				25. DATE RECD. BY LOCAL REG. NOV 6 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

**STATEMENT BY LICENSED EMBALMER
HODGKIN'S DISEASE**

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

NO EMBALM

Lawrence G. [Signature]

Licensed Embalmer No. _____

P. O. Address _____

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.