

FILED DEC 1 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10840 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. Louis</i>			Length of stay in lb		c. CITY OR TOWN <i>Lemay</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. City Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>732 Ave. H.</i>
3. NAME OF DECEASED (Type or print) First <i>Helen</i> Middle <i>Anna</i> Last <i>Nitzsche</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>19</i> Year <i>1961</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 10, 1899</i>	9. AGE (last birthday) <i>63</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (City and state or country) <i>ST. Louis, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Charles Ebert</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Mueller</i>	
14. NAME OF HUSBAND OR WIFE <i>Hugo John Nitzsche</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			
17. INFORMANT <i>Clifford Ebert</i>				Address <i>5639 Gatesworth Country Club Hills</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Drowning; suffered when car in which deceased was went out of control and landed in River Des Peres, about 12:40 P.M. on Nov 19, 1961.</i> DUE TO (b) <i>accident</i> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>See above</i>			
20c. TIME OF INJURY Hour <i>12:40</i> a.m. p.m. Month, Day, Year <i>11-19-61</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>River Des Peres</i>	
20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo</i>		COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>7:16 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Raymond J. Brown</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>11-21-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>	23b. DATE <i>Nov. 24, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT. Hope Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>ST. Louis, Co., Mo.</i>	
24. FUNERAL DIRECTOR <i>W. D. ...</i>		ADDRESS <i>6409 Gravois Ave.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 21 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>

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 Harry E. Monroe

Licensed Embalmer No. 4495

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.