

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17033

State File No. 4551

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4561a Athlone,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME George W. Ittner.

3. (b) If veteran, name war Unknown
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cayloma Evans Ittner
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 12 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, () Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Brick Manufacturer

11. Industry or business.

- MOTHER FATHER { 12. Name Anthony Ittner
13. Birthplace Lebanon, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Isabel Butts
15. Birthplace Greenup, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant George Ittner Jr.
(b) Address 62 So. St. Albans - St. Paul, Minn.
17. (a) Burial (b) Date thereof May 31- 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R. LUPTON & SONS.
(b) Address 7233 DELMAR, BLVD.

19. (a) MAY 31 1941 (b) J. J. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4561 a Athlone,
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1941 hour 11:00 minute 00 M.

21. I hereby certify that I attended the deceased from April 3,
1941 to May 28, 1941
that I last saw him alive on 5/28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
Due to Coronary sclerosis
Due to g4a

Other conditions g4a
(Include pregnancy within 3 months of death)

Major findings:
Of operations g4a

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Robert P. Pischke (M. D. or other) 0
Address 401 Humboldt Bldg Date signed 5/29/41

By: 11/11/11: 10:20 AM
Number: 3009
NE-1255

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address,

St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.