

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

Township St. Ferdinand

Primary Registration District No. 6030

City

(No. Dixie Drive)

File No.

38014

Registered No.

St.

Ward)

2. FULL NAME

Albert E. De Witt

(a) Residence. No.

Dixie Drive

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Gertrude De Witt

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 21-1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

5

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Paris

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Charles E. De Witt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

12. MAIDEN NAME OF MOTHER

Josephine Geary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Alton
Illinois

14.

INFORMANT

(Address)

Mrs. Gertrude De Witt

Dixie Drive

15.

FILED 11-12, 1928

O. K. Schuch

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 10 1928

17.

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1928, to Nov 10, 1928 that I last saw him alive on Nov 10, 1928, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart

108

756

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

Acute Lobar Pneumonia

(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at home

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS

Clinical Symptoms

(Signed)

A. A. Berry

M. D.

11-12, 1928 (Address)

Rout 29 St Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state

(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wak. Grove Cem.

11-13 1928

20. UNDERTAKER

ADDRESS

Geo. L. Pleitsch

5966 Easton

and

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1928

