

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

Do not use this space.

17774

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. Bethesda Hosp.)

File No.....  
Registered No. 4870.  
St. .... Ward)

**2. FULL NAME**

William J. DeWitt

(a) Residence. No. 7042 Emma St., 18 Ward.

St Louis Co. Mo  
(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**

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1925 to May 17 1930  
that I last saw him alive on May 16 1930, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Nephritis Chr. Intestinal

131  
132 B (duration) 9 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Anaemia  
(duration) .... yrs. .... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 129 W  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? High Crp N y  
(Signed) F D Fisher, M. D.

, 19 (Address) 4500 Olive

\*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 New St Marcus DATE OF BURIAL May 19 1930

20. UNDERTAKER Brook & Co 2707 N Grand ADDRESS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
59 2 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Food Inspector  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer City St Louis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Allen W. DeWitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Nancy N. Borders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Wm O DeWitt (Address) 7042 Emma

15. FILED MAY 19 1930 Wm O DeWitt REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly understood.

18 5  
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