

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, (No. city Hospital No. 1)

File No. 8416

Registered No. 1868

St. Ward)

B. 15762 Thomas DeWitt

2. FULL NAME

(a) Residence, No. 5740 Easton St. 6 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) widowed MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1861

7. AGE YEARS MONTHS DAYS 76 0 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. odd Jobs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

13. NAME Louis DeWitt

14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY)

17. INFORMANT Hosp. Info. M.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 2-13-

19. UNDERTAKER W. A. STOEK UND. CO. (ADDRESS) 2117 E. GRAND BLVD.

20. FILED FEB 13 1937 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/31/37, 19, to 2/11/37, 19.

I last saw him on 2/11/37, 19. Death is said

to have occurred on the date stated above, at 2.10 a

The principal cause of death and related causes of importance were as follows:

Pyelonephritis & uremia
Calculus
Bronchopneumonia
Date of onset 1/15/37
1/4/37

Other contributory causes of importance: 134a

Name of operation Date of

What test confirmed diagnosis? Cholesterol Was there an autopsy? 10

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos W. Spauld, M. D.

(Address) City Hospital No. 1

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