

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16392

Do not use this space.

4253

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis (d) Street No. 5726a N. Broadway St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tom E. DeWitt

(a) Residence, No. 5726a N. Bdwy. St. 9
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Husband of Lillie De Witt (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1873
 7. AGE YEARS 65 MONTHS 1 DAYS 21 IF LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stove Mounter
 9. Industry or business in which work was done, as saw mill, bank, etc. Stove & Range Co.
 10. Date deceased last worked at this occupation (month and year) May 1938
 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
 (STATE OR COUNTRY) Missouri

13. NAME Daniel De Witt
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Barbara Ellen King
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Lillie De Witt
 (ADDRESS) 5726 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Friedens Cem. DATE May 10, 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons
 (ADDRESS) 3934 N. 20th St.

20. FILED MAY - 9 1938
J. D. Bricker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 8 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8 1938, to May 8 1938
 I last saw him alive on May 8 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset May 8/38
945

Other contributory causes of importance
Chronic Cholecystitis May 14/38
No stones

Name of operation Date of
 What test confirmed diagnosis? Cholec Was there an autopsy? No

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? No
 If so, specify
 (Signed) H. C. Bohrer M. D.
 (Address) 315 University Ave. St. Louis

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Geo P Schubert

Licensed Embalmer No. 2212

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.)