

1938

1938 OCT 6 133

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33237

Do not use this space.

1. PLACE OF DEATH

(a) County **St. Louis**(b) Township **Clayton**(c) City **Clayton**

(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. **784**Primary Registration District No. **101**(d) Street No. **St. Louis County Hosp.**

(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. **1514**

St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

PAUL EMORY DeWITT(a) Residence, No. **905 Bonhomme**St. ☐

(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

M

4. COLOR OR RACE

W

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

Single

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

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

7/15/29

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

9**2****0**

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

student

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)

Abolene, Kansas

FATHER

13. NAME

Pius Paul DeWitt

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

Green City, Mo.

MOTHER

15. MAIDEN NAME

Geraldine Frazer

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

Green City, Mo.

17. INFORMANT (ADDRESS)

Geraldine F. DeWitt 905 Bonhomme

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Oak Grove Cem.**DATE **Sept 17, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Alexander & Sons 6175 Delmar Blvd20. FILED **SEP 1 1938**

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19 Death is said

to have occurred on the date stated above, at **5.05 PM**

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

Automobile accident.**Struck by a private automobile while a pedestrian on a public highway.**

Date of onset

9/14/38

Other contributory causes of importance:

Multiple fractures of the skull.**9/14/38**

Name of operation

Date of

What test confirmed diagnosis **physical signs in autopsy?** **yes.**

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

Accident, suicide, or homicide **accident** Date of injury **9/14/38**Where did injury occur? **Clayton, Mo.**

(Specify city or town, county, and State)

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

Public PlaceManner of injury **Struck by automobile**Nature of injury **Fracture of the skull.**24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify

(Signed) **John O'Connell** M. D.
Coroner of St. Louis County, Mo.

(Address)

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, _____

Jos. E. McCulloch

, or by _____

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

Signed _____

Jos E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6130 Elmwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.