

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.

1938 OCT 6

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis

Township Carondelet

City Jefferson Barracks

Registration District No. 784

Primary Registration District No. 200

(No. VETERANS HOSPITAL)

File No. 33355

Registered No. 1511

St.

Ward)

2. FULL NAME Benjamin C. DeWitt

(a) Residence, No. 3117 Virginia Court St.

(Usual place of abode)

Unkn.

Ward.

E. St. Louis, Illinois.

(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

Mrs. Katherine DeWitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1896

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

42

5

10

OCCUPATION

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

Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)

Harris,

(STATE OR COUNTRY)

Iowa

MOTHER FATHER

13. NAME

Sherman DeWitt

14. BIRTHPLACE (CITY OR TOWN)

Not known

(STATE OR COUNTRY)

Not known

15. MAIDEN NAME Della Webster

16. BIRTHPLACE (CITY OR TOWN)

Not known

(STATE OR COUNTRY)

Not known

17. INFORMANT Adm. Clinical Clerk, VAF Jefferson

(ADDRESS)

Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE NATIONAL CEMETERY DATE SEPT. 16, 1938

19. UNDERTAKER

(ADDRESS)

C. HOFFMEISTER & SONS

1114 S. BROADWAY ST. LOUIS, MO.

20. FILED SEP 1 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to September 12, 1938.

I last saw him alive on September 12, 1938 Death is said

to have occurred on the date stated above, at 4:05 P.m.

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

Ulcerative ileo-colitis, chronic

with multiple perforations; general-

ized peritonitis.

Date of onset

Unkn.

Other contributory causes of importance:

None

Name of operation Laparotomy with ileostomy Date of operation 9/2/38

What has continued diagnosis Phys. and local manif. and laboratory. 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?

If so, specify.....

(Signed) C. T. HUGHES, Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, Mo.

DEC 1 1945