REC'D FEB 10 1939

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

410
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 410

(c) or City St. Louis (d) Street No. City Hospital No.1 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME John Witt

(a) Residence, No. 4912 Bulwer 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 (OR) WIFE OF: Gertrude Witt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17, 1883

7. AGE: YEARS 55 | MONTHS 6 25 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Watchman
9. Industry or business in which work was done, as saw mill, bank, etc.: Burkhardt Mfg.
10. Date deceased last worked at this occupation (month and year): Dec. 1938
11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canal Winchester Ohio

FATHER
13. NAME: Charles Witt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia PA.

17. INFORMANT (ADDRESS): Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens Cem. DATE: Jan. 14 1939

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

20. FILED: JAN 13 1939 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/12/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/25/38, 19 to 1/12/39, 19
I last saw him alive on 1/12/39, 19. Death is said to have occurred on the date stated above, at 6 . 25 a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder — Date of onset

Other contributory causes of importance:
Generalized Peritonitis
Bronchopneumonia

Name of operation: Gastro Enterostomy Date of 1-1-39
What test confirmed diagnosis: Operation 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?
If so, specify
(Signed) T. C. Tyrrell, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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.

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, or by

Geo. P. Schubert, Registered Apprentice No.

working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingsbury

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

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