

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

DEC 17 1939 701

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38266

Registration District No.

Primary Registration District No.

Registrar's No. 10105

1. PLACE OF DEATH: 1003  
(a) County St. Louis  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days.  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret DeWitt 300  
(b) If veteran, name war none  
(c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fred DeWitt 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Dec. 18, 1886 (Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 6 If less than one day hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

12. Name Anton Jungmann  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Sophie Arlt  
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature (b) Address 929 La Beaume St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director (b) Address 1431 Union Blvd.

19. (a) NOV 27 1939 (Date received local registrar) (b) J. B. Bredisch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County  
(c) City or town St. Louis 2C (If outside city or town limits, write "RURAL")  
(d) Street No. 929 La Beaume St. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1939 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from 10-30  
1938, to 11-24, 1939;  
that I last saw her alive on 11-24, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral coronary thrombosis 2 days

Due to

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. L. Kessler, M.D. (M. D. or other)  
Address 1943 N. 11th St. Date signed 11-24-39

1953-2611

---

..... Registered Apprentice No.....

**Signed.**

Licensed Embalmer No. 2972

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