

354  
No. 2  
11-10-39  
17-50  
1 X21492

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Theodore Wittenstein 352

3. (b) If veteran, name war. \*\*\*\* 3. (c) Social Security No. \*\*\*\*

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years About 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany (City, town, or county) 6 (State or foreign country)

10. Usual occupation Janitor 7

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dr. W. J. Salisbury

(b) Address 3256 Lafayette Ave

17. (a) Cremation (b) Date thereof April 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory Peetz Brothers

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address 3029 Lafayette Ave

19. (a) APR 23 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3256 Lafayette Av.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 40 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31, year 1940 hour 9:20 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from March 22, 19 40 to March 31, 19 40 that I last saw him alive on March 31, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar Duration 7 days

Due to \_\_\_\_\_

Due to 57 carcinoma of prostate max.

Other conditions Metastasis to skull  
(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 Walter Ford (M. D. or other)

Address 1515 Lafayette Date signed 4/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Signed Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis Mo

**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.)**

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