S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 19[illegible]

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. [illegible]

State File No. 13203

Registrar's No. 4036

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL") NR 4

(d) Street No. 627 Tuxedo Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ellen Witte

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, married, divorced Widowed

6. (b) Name of husband or wife Late Carl H. Witte

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 21st (Day) 1859 (Year)

8. AGE: Years 82 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Robert Hill

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

14. Maiden name Helen Mitchell

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

16. (a) Informant Nettie Witte

(b) Address 627 Tuxedo Ave.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 5-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1942 hour 2:15 minute P.M. M.

21. I hereby certify that I attended the deceased from 7-22 1941 to 5-5 1942 that I last saw her alive on 5-5 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis Chronic Interstitial	10 yr
Due to Arteriosclerosis	20 yr
Due to Diabetes Mellitus	2 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. E. Epston (M. D. or other)

Address Webster Groves Date signed 5/6/42

(Licensed Embalmer's Statement on Reverse Side)

116. Lockwood
Re: 3200

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 Edwin J. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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, fact should be so stated above.