V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15620

Registration District No. 784 Primary Registration District No. 100 Registrar's No. 1072

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution:
Pronounced dead at St.Louis Co.Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St.Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2939 Easton Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Leroy Witt

3. (b) If veteran, name war ----

3. (c) Social Security No. 492-03-5707

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Witt

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Nov. (Month) 18 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	5	25	hr. min.

9. Birthplace Humbolt (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Press Operator

11. Industry or business General Refractories

FATHER
12. Name Anthony Witt
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant Wilton Witt

(b) Address 2500 N.Newstead Ave.Apt.1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD Park Co.

18. (a) Signature of funeral director Chas.J.Gates

(b) Address 4107 Finney Ave.

19. (a) MAY 18 1942 (Date received local registrar) (b) E G McGinnis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th.
year 1942 hour 3:30 minute p. M.

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

Immediate cause of death Became entangled in rope he used to put belt on pulley.

Due to Linear friction burns of neck; Fracture of atlas with

Due to complete separation from skull; Complete transection of

Other conditions spinal cord.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

176-8

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

(a) Accident, suicide, or homicide (specify) Accident. 091

(b) Date of occurrence May 13, 1942

(c) Where did injury occur? Brentwood, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place.
(Specify type of place)

While at work? Yes! (e) Means of injury

23. Signature Louis H Bopp Coroner (M. D. or other)

Address Kirkwood, Mo. 5/14/42 Date signed

707 (Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 1 3522

P. O. Address 4107 Finney Ave.

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.