

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

156710
State File No. _____
Registrar's No. 894

FILED APR 27 1942
Registration District No. 782

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles DeWitt

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

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

6. (b) Name of husband or wife Grace DeWitt 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Jan. 23 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Dennison Texas
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

12. Name Larkin DeWitt
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hawkins
15. Birthplace unknown Ga.
(City, town, or county) (State or foreign country)

16. (a) Informant John DeWitt
(b) Address Fenton Mo.

17. (a) Burial (b) Date thereof 4-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmon, Oklahoma

18. (a) Signature of funeral director Louis H. Rogers, Jr.

(b) Address 131 N. Reynolds St., Fenton, Mo.

19. (a) APR 21 1942 (b) H. M. Laron M.D. (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. Larkin and Williams Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1942 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3-31-42
to 4-20-42
that I last saw him alive on 4-20-42
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Heart Disease 6 mos.

Due to

Due to

Other conditions Ca. of Rupture 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations Rupture of aorta
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?

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

23. Signature L. H. Allen (M. D. or other) G.D.
Address Fenton Date signed

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.....

John M. Meyer

Licensed Embalmer No. *3288*

P. O. Address *Kirkwood, 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, fact should be so stated above.