S. No. 2
M—5-42
7. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

29307

State File No.

Registrar's No. 7714

**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:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 79

(d) Street No. 5969 Sherry Ave. 0
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** Edward C. Witt Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 30th (Day) 1942 (Year)

8. AGE: Years 0 | Months 1 | Days 16 | If less than one day hr. 0 min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Edward C. Witt Sr.
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Ann Grbcich
15. Birthplace Marceline (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Edward C. Witt Sr.
(b) Address 5969 Sherry Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 16 1942 (Date received from registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 15th year 1942 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 13, 1942 to Sept. 15, 1942 that I last saw him alive on September 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration.
Hydrocephalus since Birth
0

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

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 0

23. Signature R. D. Woolsey (M. D. or other) M. D.

Address 4952 Maryland Date signed 9/16/42

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

Dr. Hermann Merein
Union Blvd.

## 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 Reinhold K. Lahrmann

Licensed Embalmer No. 3395

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.**