S. No. 2
M—2-43
5-16-39
I X 1000

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30562

FILED SEP 17 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7998

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

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 110 1
(c) City or town Potosi
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Witmer, John Albert
3. (b) If veteran, name war None
3. (c) Social Security No. 498-07-557
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Millie Witmer
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased December (Month) 11 (Day) 1880 (Year)

8. AGE: Years 62 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Bellfmontaine (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Edward A. Witmer 1
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Jennie Owens
15. Birthplace Whales (City, town, or county) Scotland 4 (State or foreign country)
16. (a) Informant Effie Witmer
(b) Address Potosi, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Missouri
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) SEP 7 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1943 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Aug. 5, 1943 to Sept. 5, 1943
that I last saw him alive on Sept 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, post-op
Due to Ruptured gastric ulcer
Due to
Other conditions ? atalectasis - bronchopneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations Ruptured ~~peptic~~ gastric ulcer
Of autopsy

Duration

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 Dallas Anthony (M. D. ~~[illegible]~~)
Address BARNES HOSPITAL Date signed 9-3-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.