

FILED AUG 25 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7222

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
EnRoute to City Hospital 3  
(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 Missouri (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 923

(d) Street No. 1317 Rear S. 7th St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John Witt

(b) If veteran, name war no

(c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13  
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Witt 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased August 9, 1905  
(Month) (Day) (Year)

that I last saw him..... alive on....., 19.....,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

39 0 4 hr. min.

Duration

Empysemia Right Chest

Due to.....

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

10. Usual occupation Laborer

Due to.....

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

11. Industry or business.....

12. Name P.U. Witt

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

14. Maiden name Sweet Adams

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Witt

(b) Address 1317R S. 7th St.

17. (a) Burial (b) Date thereof Aug. 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) AUG 18 1944 J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury?.....

23. Signature W. J. Bredeek (M. D. or other)  
Address Reg. Dist. 1003 Date signed 8/18/44

**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 Wm. C. Pleasant

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**