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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

5006

State File No.

Primary Registration District No. 1003

Registrar's No. 821

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

**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: City 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:** 000

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No.: 4042 Russell Blvd 17
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: J. Edgar Witten

3. (b) If veteran, name war

3. (c) Social Security No. 498-22-323

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Stella Witten

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: Feb. (Month) 12, (Day) 1893 (Year)

8. AGE: Years 51 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Collector- Salesman

11. Industry or business: Missouri Ins. Co.

FATHER
12. Name: Robert Witten
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rebeca Walls
15. Birthplace: Unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Stella Witten
(b) Address: 4042 Russell

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Spring Garden, Mo.

18. (a) Signature of funeral director: Wm. J. Robert
(b) Address: 1905 S. Grand Blvd

19. (a) JAN 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 26 year 1945 hour 1 minute 00 A.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: Cerebral Embolism 15 Days
Mesenteric Thrombosis, Fracture left leg with Lacerations of the
Due to: Result of an Automobile being
Struck by one Valentine
Due to: Edward Schultz, at the
intersection of Thurman
Other conditions: and Champ Blvd. about
(Include pregnancy within 3 months of death) 7.45 AM Jan 4 1945

Major findings:
Of operations: 0
Of autopsy: 0

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): Accident DOD
(b) Date of occurrence: Jan 4 1945
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury: Auto

23. Signature: Alfred J. Perry (M. D. or other)
Address: Leyhy Building Date signed 1/27/45

## 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 Kettler

Licensed Embalmer No. 1880

P. O. Address St Louis, 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.**