

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

34574

State File No.

Registrar's No. 2563

FILED NOV 10 1945

Registration District No. 267

Primary Registration District No. 6076

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

1. PLACE OF DEATH: St. Louis
(a) County: Manchester
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home
(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 years, months or days

3. (a) PRINT FULL NAME: Oma Loudella DeWitt
3. (b) If veteran, name war: Nil
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: John Calvin DeWitt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: February 5 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 1 hr. min.

9. Birthplace: Johnson County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: John Shaddrick
13. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name: Julia Peeler
15. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Claude Hunsaker
(b) Address: 501 Purdue, University City,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-7-45
(Month) (Day) (Year)

(c) Place: burial or cremation: Anna, Illinois

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) 11-8-45 (b) E. J. Miller (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Union 997
(c) City or town: Anna 11
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 6
year: 1945 hour: 9 minute: 17 M.

21. I hereby certify that I attended the deceased from July 31 1945 to Nov 6 1945
that I last saw her alive on Nov 5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden Coronary
fibrillation
Due to: 9th

Due to:

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

Major findings: Of operations

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

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: A. L. Werlein M.D. (M. D. or other)

Address: 3502 Potomac Date signed: 11-6-45

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 Agonowski

Licensed Embalmer No.....

3398

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.