

| DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS | | THE STATE BOARD OF HEALTH OF MISSOURI | | 15000 4512 | |
|---|--|--|--|--|--|
| FILED MAY 31 1946 | | STANDARD CERTIFICATE OF DEATH | | State File No. | |
| Registration District No. 318 | | Primary Registration District No. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE OF DECEASED: | |
| (a) County <u>St. Louis</u> | | | | (a) State <u>Missouri</u> (b) County <u>St. Louis</u> | |
| (b) City or town <u>St. Louis</u> (If outside city or town limits, write "RURAL" and name of township) | | | | (c) City or town <u>St. Louis</u> (If outside city or town limits, write "RURAL") | |
| (c) Name of hospital or institution: <u>Christian Hospital</u> (If not in hospital or institution, write street number or location) | | | | (d) Street No. <u>3428 Belt Avenue</u> (If rural, give location) | |
| (d) Length of stay: In hospital or institution <u>7 Days</u> (Specify whether years, months or days) | | | | (e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____ | |
| 3. (a) PRINT FULL NAME <u>CARRIE F. VITT</u> | | | | MEDICAL CERTIFICATION | |
| 3. (b) If veteran, name war _____ 3. (c) Social Security No. <u>XXXX</u> | | | | 20. DATE OF DEATH: Month <u>May</u> day <u>17th</u> year <u>1946</u> hour <u>11</u> minute <u>25 P.M.</u> | |
| 4. Sex <u>Female</u> 5. Color or race <u>Wh</u> 6. (a) Single, widowed, married, divorced <u>Widowed</u> | | | | 21. I hereby certify that I attended the deceased from <u>May 17, 1946</u> to <u>May 17, 1946</u> that I last saw her alive on <u>May 17, 1946</u> and that death occurred on the date and hour stated above. | |
| 6. (b) Name of husband or wife <u>Eugene B. Vitt</u> 6. (c) Age of husband or wife if alive _____ years | | | | Immediate cause of death <u>C.O.R. disease</u> | |
| 7. Birth date of deceased <u>September 10 1870</u> (Month) (Day) (Year) | | | | Due to _____ | |
| 8. AGE: Years <u>75</u> Months <u>13</u> Days <u>7</u> If less than one day _____ hr. _____ min. | | | | Due to _____ | |
| 9. Birthplace <u>St. Louis County Mo.</u> (City, town, or county) (State or foreign country) | | | | Other conditions (Include pregnancy within 3 months of death) _____ | |
| 10. Usual occupation <u>Housewife</u> | | | | Major findings: Of operations _____ Of autopsy _____ | |
| 11. Industry or business _____ | | | | PHYSICIAN Underline the cause to which death should be charged statistically. | |
| 12. Name <u>William Doak</u> | | | | 22. If death was due to external causes, fill in the following: | |
| 13. Birthplace <u>St. Louis County, Missouri</u> (City, town, or county) (State or foreign country) | | | | (a) Accident, suicide, or homicide (specify) _____ | |
| 14. Maiden name <u>Addie Kieff</u> | | | | (b) Date of occurrence _____ | |
| 15. Birthplace <u>St. Louis County, Missouri</u> (City, town, or county) (State or foreign country) | | | | (c) Where did injury occur? _____ (City or town) (County) (State) | |
| 16. (a) Informant <u>Mrs. Mamie Kitzing (Sister)</u> | | | | (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ | |
| (b) Address <u>3428 Belt Avenue</u> | | | | While at work? _____ (Specify type of place) (e) Means of injury <u>①</u> | |
| 17. (a) <u>Burial</u> (b) Date thereof <u>5/21/46</u> (Burial, cremation, or removal) (Month) (Day) (Year) | | | | 23. Signature <u>J. F. Bredeck</u> (M. D. or other) _____ | |
| (c) Place: burial or cremation <u>Calvary Cem.</u> | | | | Address <u>510 7th N. Union</u> Date signed <u>5/29/46</u> | |
| 18. (a) Signature of funeral director <u>Kraeger-Voss, Inc.</u> | | | | | |
| (b) Address <u>3402 No. Kingshighway</u> | | | | | |
| 19. (a) <u>MAY 20 1946</u> (Date received local registrar) <u>J. F. Bredeck</u> (Registrar's signature) | | | | | |

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

Elmer R. Padwell

Licensed Embalmer No. *4077*

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.