

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. 26-1945
STANDARD CERTIFICATE OF DEATH

25167

Registration District No. _____

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **6239**

1. PLACE OF DEATH:

(a) County **ST. LOUIS MO**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ALEXIAN BROS Hospital
(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)

3. (a) PRINT FULL NAME **JACOB DEWITT**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **HILDAGARD** 6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **AUGUST 18 1902**
(Month) (Day) (Year)

8. AGE: Years **43** Months **10** Days **27** If less than one day hr. min.

9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **DEPUTY SHERIFF COUNTY**

11. Industry or business _____

12. Name **ROAUL DEWITT**

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

14. Maiden name **ROXIE MCGRORY**

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

16. (a) Informant **HILDAGARD DEWITT**

(b) Address **5830 HEEGE RD.**

17. (a) **BURIAL** (b) Date thereof **JULY 18 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VALHALLA CEM.**

18. (a) Signature of funeral director **Thomas Kuter**

(b) Address **2906 GRAVOIS**

19. (a) **JUL 15 1946** (b) **J. F. Marduck**
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MO**
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **5830 HEEGE RD.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **15** year **1946** hour _____ minute **15** M.

21. I hereby certify that I attended the deceased from **JULY 10** 19**46** to **JULY 15** 19**46**
that I last saw him alive on **JULY 15** 19**46**
and that death occurred on the date and hour stated above
Immediate cause of death **Coronary Perforation**

Due to **Rheumatic heart disease**

Due to **95**

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

Major findings: _____
Of operations _____

Of autopsy **none**

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)
(e) Means of injury _____

23. Signature **J. F. Marduck** (M. D. or other) **J. F. Marduck**
Address **2906 GRAVOIS** Date signed **JUL 15 1946**

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

24013

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

Leo J. Budde

Licensed Embalmer No.

3989

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.