

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
STANDARD CERTIFICATE OF DEATH

State File No. 35044

Registration District No. Primary Registration District No. Registrar's No. 8654

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:
4444 Forest Park Blvd.
(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 William R. De Witt
(b) If veteran, name war Nil
(c) Social Security No. Unknown

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ouida DeWitt
(c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 16 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 20
If less than one day hr. min.

9. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Civil Engineer

11. Industry or business
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Phelps
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.R. Rodes
(b) Address Mexico, Missouri

17. (a) Removal (b) Date thereof 10-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elm Grove, W. Virginia

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

19. (a) OCT 8 1946 J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4444 Forest Park Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 6
year 1946 hour 6:00 minute PM
21. I hereby certify that I attended the deceased from Oct. 6, 1946, to Oct. 6, 1946,
that I last saw him alive on Same date, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
to Chronic cardiac - Underlying
vascular disease
to General senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93
Of autopsy
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)
(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?
(Specify type of place)
While at work Means of injury
23. Signature J. F. Braddock (M. D. or other)
Address 4701 1/2 St. Louis, Mo. Date signed Oct. 7 1946

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

DEC 9 1955

8654

JUN 7 1955

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.....

Licensed Embalmer No.....

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.