No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35757

State File No. 9071

FILED NOV 21 1946

Registration District No. 2119

Primary Registration District No. 1003

Registrar's No. 9071

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2711 Dalton Ave. /
(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:
(a) State Missouri (b) County
(c) City or town Stlouis (If outside city or town limits, write "RURAL")
(d) Street No. 2711 Dalton Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALEXANDER A. WITTE
3. (b) If veteran, name war
3. (c) Social Security No. 498-09-3674
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 20 (Day) 1878 (Year)
8. AGE: Years 78 Months Days 2 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Mens Clothing
FATHER
12. Name Herman T. Witte
13. Birthplace Germany (State or foreign country)
MOTHER
14. Maiden name Josephine Korf
15. Birthplace Germany (State or foreign country)
16. (a) Informant Magdalen Witte
(b) Address 2711 Dalton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director John H. Gebhen Sons
(b) Address 2630 Grapois Ave.
19. (a) OCT 22 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month OCT day 22 year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 1946 to 18 Oct 1946 and that I last saw him alive on 18 October 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Larynx	10 mo.
Due to with metastases to right upper lung	1 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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 (c) Means of injury
23. Signature Richard W. Kay (M. D. or other) MD
Address 5930 Smetzer Rd Date signed 22 Oct 1946

(Licensed Embalmer's Statement on Reverse Side)

Gebken Sons
2630 Gravois ave

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.....Robert F. Gebken

Licensed Embalmer No.....4144

P. O. Address.....2630 Gravois A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.