

No. 2
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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

117778

FILED APR 14 1947

State File No. 117778

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 765

1. PLACE OF DEATH:

(a) County St. Louis Co.

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 D, 22 H, 30 M.
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Florissant
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Cecilia Witte

3. (b) If veteran, name war No

3. (c) Social Security No. 499-30-0069

20. DATE OF DEATH: Month April day 2
year 1947 hour 2 minute 45 P.M.

4. Sex Female

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 23 1928
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 16 1947 to April 2 1947, that I last saw her alive on April 2 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Junctional Repeated

Duration _____

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

18	4	10	_____ hr. _____ min.
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Major findings: _____

Of operations _____

Of autopsy Chronic Junctional Repeated

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Type Clerk

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? _____

MOTHER FATHER {

12. Name John Witte

13. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Schaefermeier

15. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

23. Signature Thos. W. Clark MD (M. D. or other) _____

Address 601 Brentwood Blvd. Date signed 4-2-47

16. (a) Informant Theresa Witte

(b) Address Rt. 3 Florissant

17. (a) Burial (b) Date thereof April 7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem., Jos. W. Clark

18. (a) Signature of funeral director _____

(b) Address 1125 Hodiamont Ave.

19. (a) 4-4-47 (b) Carol Schaefermeier
(Date received local registrar) (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.....

Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address. 1125 Hodiament Ave.,

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.