. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15802

FILED MAY 14 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4681

1. PLACE OF DEATH:
(a) County
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital (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: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 167
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 3850 Louisiana Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anthony James Witte
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: male
5. Color or race: white
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: January 22nd 1937 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
10	3	15	hr. min.

9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Scholar
11. Industry or business: school
FATHER
12. Name: Alphonse Witte
13. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Hilda Koehnemann
15. Birthplace: Marine Ills. (City, town, or county) (State or foreign country)
16. (a) Informant: Alphonse Witte
(b) Address: 3850 Louisiana Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/10/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mo. S. Peter & Paul
18. (a) Signature of funeral director: Henry L. Weidenmueller
(b) Address: 6203 Gravois Ave.
MAY 9 1947 (Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 8 year 1947 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from May 7, 1947 to death May 7, 1947 that I last saw him alive on May 7, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic acidosis	Duration: 1 day
Due to: Diabetes Mellitus	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: —
Of autopsy: Same as above

PHYSICIAN — Underline the cause of 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? (e) Means of injury
23. Signature: Irvin G. Kotan M.D. (M. D. or other)
Address: 216 S. Kingshighway Date signed: 5/8/47

(Licensed Embalmer's Statement on Reverse Side)

TE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.