No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33110

Registrar's No. 8580

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hour
(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 0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4700 Locke 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rudolph St. Vitt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May (Month) 29 (Day) 1874 (Year)

8. AGE: Years 73 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Washington Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Physician
11. Industry or business
FATHER
12. Name Rudolph Vitt Sr
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Helen Weil
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Caroline Vitt
(b) Address 4700 Locke
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.
19. (a) SEP 10 1947 (Date received local registrar) (b) J. T. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1947 hour 8-20 minute P M.
21. I hereby certify that I attended the deceased from September 1, 1947, to September 9, 1947, that I last saw him alive on September 9, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 hrs
Due to: Coronary type Myocarditis	2 weeks
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 0
23. Signature P. S. Deuser M.D. (M. D. or Coroner)
Address Her Mo Taylor Date signed 9/10/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

462 N Taylor

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 Francis Williamson

Licensed Embalmer No. 3565

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.