No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33238

FILED SEP 29 1947

Registration District No. 3147

Primary Registration District No. 3069

Registrar's No. 1979

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ST MARYS HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 WKS (Specify whether
In this community 9 WKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County 999

(c) City or town CHESTER 11
(If outside city or town limits, write "RURAL")

(d) Street No. 995 STATE ST. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME OSCAR WITTENBRINK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name ~~of husband or~~ wife ANNA

6. (c) Age of ~~husband or~~ wife if alive 56 years

7. Birth date of deceased OCT (Month) - 26 (Day) - 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	10	20	hr. min.

9. Birthplace EVANSVILLE (City, town, or county) ILL (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business —

FATHER
12. Name BERNARD WITTENBRINK
13. Birthplace EVANSVILLE (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name LOUISA ZORN
15. Birthplace EVANSVILLE (City, town, or county) ILL (State or foreign country)

16. (a) Informant ANNA WITTENBRINK
(b) Address CHESTER ILL

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation CHESTER ILL

18. (a) Signature of funeral director ROWLAND FUNERAL SER.
(b) Address 4355 WASHINGTON AV.

19. (a) 9-22-47 (Date received local registrar) (Registrar's signature) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 16th
year 1946 hour 8:15 minute a. M.

21. I hereby certify that I attended the deceased from July 17-1947, 19..., to Sept 16th, 1947
that I last saw him alive on Sept 16th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	acute
Due to: Coronary heart disease	?
Due to: 99	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autops Coronary thrombosis (posterior coronary infarction)

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 Thomas C Bondsor (M. D. or other)

Address 4660 Maryland Date signed 9/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1947

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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....St Louis Mo.....

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.