

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 14347

FILED APR 23 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>700</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		d. STREET ADDRESS (If rural, give location) <u>112 Aberdeen Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>112 Aberdeen Place</u>			
3. NAME OF DECEASED (Type or Print) <u>OSCAR</u>		a. (First) _____		b. (Middle) <u>R.</u>		c. (Last) <u>WITTE.</u>	
4. DATE OF DEATH <u>March 22 1949</u>		(Month) _____ (Day) _____ (Year) _____					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 22 1949</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner; Oscar R. Witte & Co.,</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John F. Witte.</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Schmieding.</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Wack Witte.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Harold C. Groover. 112 Aberdeen</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u>				<u>2 1/2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>4201</u>				<u>2 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>93d</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept 30, 1947</u> , to <u>March 22, 1949</u> , that I last saw the deceased alive on <u>March 21, 1949</u> , and that death occurred at <u>3:42 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>St Louis Schuchert, m.d.</u>		(Degree or title) _____		23b. ADDRESS <u>2200 Chautau ave</u>		23c. DATE SIGNED <u>March 22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-22-49</u>		REGISTRAR'S SIGNATURE <u>Thuid L. Lupton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.R. Lupton & Sons</u>		ADDRESS <u>7233 Delmar Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

96
2
3

10081 8 1951

1100
Mr: 5083
1705

FEB 14 1952

JUN 5. 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Arnold W. Schoene

Signed _____
Student Embalmer

Licensed Embalmer No. 3864

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.