

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21808

State File No. _____

FILED JUL 15 1949

1003 Registrar's No. 5971

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5971		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>Mad</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) <i>0</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		<i>17 9</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) <i>9</i> 1438 East Grand				
3. NAME OF DECEASED (Type or Print)		a. (First) LOUIS		b. (Middle) _____		c. (Last) VITBERT		
4. DATE OF DEATH		Month July		Day 6		Year 1949		
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>2</i> Widower		8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) <i>Abt. 79</i>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Shoes		11. BIRTHPLACE (State or foreign country) Lithuania <i>8</i>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bertha Vittert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Al Vittert-408 Olive Street				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>generalized arteriosclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>97</i>				
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? <i>45 ft</i>				
22. I hereby certify that I attended the deceased from <i>July 4</i> , 1949, to <i>July 6</i> , 1949, that I last saw the deceased alive on <i>July 6</i> , 1949, and that death occurred at <i>2:30 p. m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE <i>Michael M. Karl, MD</i> (Degree or title)				23b. ADDRESS <i>3720 Washington Blvd.</i>		23c. DATE SIGNED <i>July 7, 1949</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>7/8/49</i>		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery		24d. LOCATION (City, town, or county) St. Louis, Mo. (State) _____		
DATE REC'D BY LOCAL REG. <i>JUL 8 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Norman K...</i>		ADDRESS <i>3216 Pol...</i>		

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

STATEMENT BY LICENSED EMBALMER

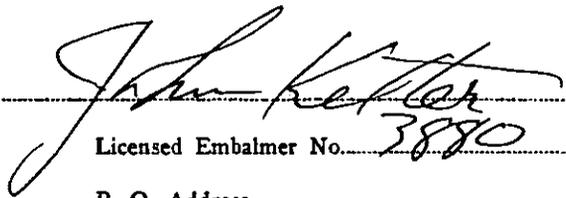
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3880

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.