

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1949

State File No. 25422
Registrar's No. 6566

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis 46	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. ✓	c. LENGTH OF STAY (In this place) 80 Days ✓	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) R. R. # 1, Box 607. ✓	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Anna	b. (Middle) K.	c. (Last) Witte	June	27th,	1949

5. SEX Female ✓	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married ✓	8. DATE OF BIRTH Sept. 20th, 1876 ✓	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 10	IF UNDER 24 Hrs. Days 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri ✓		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Christ Meckfessel		13b. MOTHER'S MAIDEN NAME Wilma Niederluecke		14. NAME OF HUSBAND OR WIFE Fred R. Witte	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME (Address) Florissant, Mo. Fred R. Witte, R. R. # 1, Box 607.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 10 yr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis str	DUE TO (b) <i>not known</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites, Hepatic Hypertrophy 1 1/2				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>see</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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) 930
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4322
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22. I hereby certify that I attended the deceased from 19____, to 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE Geo A Mellis MD (Degree or title)	23b. ADDRESS 2739 W. Grand.	23c. DATE SIGNED 7/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/30/49	24c. NAME OF CEMETERY OR CREMATORY Saint Johns Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. JUL 29 1949	REGISTRAR'S SIGNATURE <i>J. B. Laster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2917 St. Louis Avenue
12:00 noon Thursday.

W-2787

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 Ralph C Linders

Licensed Embalmer No. 4225

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.