

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 1003

State File No. 7829

32342

No. 300

10-48

318

7829

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____<br><br>b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St. Louis</u><br><br>c. LENGTH OF STAY (In this place) <u>1 WEEK</u><br><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____<br><br>c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u><br><br>d. STREET ADDRESS (If rural, give location) <u>1225 Meyer Ave.</u> |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Thomas William</u><br>b. (Middle) <u>Wittenberg</u><br>c. (Last) _____   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept. 9, 1949</u> |   |  |   |  |
| 5. SEX <u>M.</u>   |  | 6. COLOR OR RACE <u>W.</u>   |  | 7. MARRIED, NEVER, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   |  | 8. DATE OF BIRTH <u>Oct. 4, 1936</u>  |  |
| 9. AGE (In years last birthday) <u>12</u>  |  | IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>   |  | IF UNDER 1 HR. Hours <u>5</u> Min. _____  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                          |   |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>                                   |  |
| 12. CITIZEN OF WHAT COUNTRY? _____   |  |  | 13a. FATHER'S NAME <u>Charles H. Wittenberg</u>                  |   | 13b. MOTHER'S MAIDEN NAME <u>Dorothe McKenna</u>                                       |   |  |
| 14. NAME OF HUSBAND OR WIFE _____  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charles H. Wittenberg</u> ADDRESS <u>1225 Meyer Ave.</u> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Talor's Encephalitis (Cerebellar)</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 days</u>   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY? YES <input checked="" 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) <u>36</u>   |  |   |  |
| 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? <u>0.80-0</u>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Sept. 1, 1949</u> , to <u>Sept 7, 1949</u> , that I last saw the deceased alive on <u>Sept 8, 1949</u> , and that death occurred at <u>3:55 A.M.</u> , from the causes and on the date stated above.   |  |  |  |   |  |   |  |
| 23a. SIGNATURE <u>Arthur J. Donnelly</u> (Degree or title) _____   |  |  |  | 23b. ADDRESS <u>613 4th W. Grand</u>  |  | 23c. DATE SIGNED <u>Sept 9, 49</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>9-10-49</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>                               |  |
| DATE REC'D BY LOCAL REG. <u>SEP 9 1949</u>   |  | REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>   |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell</u> |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

63071  
N. V. Allen  
Student Embalmer  
1-3

**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 \_\_\_\_\_

*W. M. VanMatre*

Licensed Embalmer No. \_\_\_\_\_

*2825*

P. O. Address \_\_\_\_\_

*4340 Lafayette*

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.