

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35060

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9335	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hop #1				d. STREET ADDRESS (If rural, give location) 25 615 Walnut St			
3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) De Witt c. (Last) Witt			4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 49				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 4.4.1881	
9. AGE At death 68		10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) USA	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME None		13b. MOTHER'S MAIDEN NAME None		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Marion De Witt			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull; 2, Subdural Hematoma, Suffered When Deceased fell down a flight of stairs at 615 Walnut St ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heard DUE TO (c) Heard II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION ON Sept. 10, 1949 at about 10:30 P.M.		19b. MAJOR FINDINGS OF OPERATION ON Sept. 10, 1949 at about 10:30 P.M.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident at 615 Walnut St		21b. PLACE OF INJURY (e.g., in or about home, factory, street, other place, etc.) 615 Walnut St		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. MO.		21d. TIME OF INJURY Sept. 10 1949	
21d. TIME OF INJURY Sept. 10 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell at home address			
22. I hereby certify that I attended the deceased from 1935 to 1949 , that I last saw the deceased alive on 10/8/49 , and that death occurred at 10/12/49 , from the causes and on the date stated above.							
23a. SIGNATURE James H. Serrano		23b. ADDRESS 1300 S. 1st St		23c. DATE SIGNED 10/8/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) None		24b. DATE OCT 31 1949		24c. NAME OF CEMETERY OR CREMATOR Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. OCT 31 1949		REGISTRAR'S SIGNATURE J. B. Serrano		25. FUNERAL DIRECTOR'S SIGNATURE Rowland M. Serrano			

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

Ralph W. Hemmon

Licensed Embalmer No. *3781*

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.