

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19010

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1245	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. LENGTH OF STAY (In this place) 3 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION Box 382, Forder Rd.				d. STREET ADDRESS (If rural, give location) Box 382, Forder Rd.			
3. NAME OF DECEASED a. (First) (Type or Print) Clara		b. (Middle) H.		c. (Last) Wittich		4. DATE OF DEATH (Month) (Day) (Year) May 12, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH May 16, 1878		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 6 WKS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jesse Earl		13b. MOTHER'S MAIDEN NAME Julia Brodach		14. NAME OF HUSBAND OR WIFE Albert Wittich			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. H. L. Heidenreich, 3750 Gravois Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subacute Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>None</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				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) <i>429.2</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>May 10, 1945</i> to <i>May 14, 1950</i> , that I last saw the deceased alive on <i>May 13, 1950</i> , and that death occurred at <i>8:45 pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. L. Heidenreich M.D.</i>				23b. ADDRESS <i>3750 Gravois</i>		23c. DATE SIGNED <i>5-14-1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17, 1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. <i>5-16-50</i>		REGISTRAR'S SIGNATURE <i>Herbert C. Glantz, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Delis J. Krejcin*

Signed.....
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.