No. 300
10.48

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

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28815

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6906

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Indiana
b. COUNTY: Spencer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dale 8/30
d. STREET ADDRESS (If rural, give location): Rt. 1 8

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): Anna
c. (Last): Wittman

4. DATE OF DEATH (Month) (Day) (Year): August 12 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 16, 1901
9. AGE (In years last birthday): 49 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spencer County, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Mike Scheerle
13b. MOTHER'S MAIDEN NAME: Marie Keller
14. NAME OF HUSBAND OR WIFE: William F. Wittman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William F. Wittman, Dale, Indiana

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage into medulla — INTERVAL BETWEEN ONSET AND DEATH: 1day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Glioblastoma, subcortical, right — 11 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-11-50
19b. MAJOR FINDINGS OF OPERATION: Right subcortical glioblastoma
20. AUTOPSY? YES [X] NO [ ]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 192X

22. *I hereby certify that I attended the deceased from* August 10 *19* 50, *to* August 12, *19* 50, *that I last saw the deceased alive on* August 12 *19* 50, *and that death occurred at* 12:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene T. Standley M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 8/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-13-50
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Dale, Indiana.

DATE REC'D BY LOCAL REG. AUG 14 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

working under my personal supervision.

Student Embalmer No. .....

Signed Wm S. Salfen

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.