

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 10741  
 Registrar's No. 2454

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2454	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3817 DUNNICA AVE				d. STREET ADDRESS (If rural, give location) 3817 DUNNICA 0			
3. NAME OF DECEASED (Type or Print) EMMA		a. (First)		b. (Middle) Vitt		c. (Last)	
4. DATE OF DEATH		3		Month		24	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 1-21-1875	
9. AGE (In years last birthday) 76		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) NASHVILLE ILL	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME CHARLES REINHARDT		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE ADAM VITT	
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 Helda Vitt			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - Coronary acclerosis				INTERVAL BETWEEN ONSET AND DEATH 18 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR? 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Oct 10, 1949, to March 14, 1951, that I last saw the deceased alive on March 13, 1951, and that death occurred at 5:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Cecilia H. Smith M.D.		(Degree or title)		23b. ADDRESS 701 E. Grand St.		23c. DATE SIGNED 3/14/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-17-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
DATE REC'D BY LOCAL REG. MAR 15 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE A. Krow			
				ADDRESS 2707 N. Grand			

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 *Stanley H. Dipow* .....

Licensed Embalmer No. *4193* .....

P. O. Address *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.**