

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10777

State File No. \_\_\_\_\_

FILED MAR 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1968**

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

|                                                                                                                                                                                                                                                             |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                              |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                                                                                                                                                                                                                                                                                     |                                                                             |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                                                                                                                                            |                               | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                                                                                                                                                                                                                                                                                                                |                                                                             |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>                                                                                                                                                                                                |                               | d. STREET ADDRESS (If rural, give location)<br><b>5418 Beacon Ave.</b>                                                                                                                                                                                                                                                                                                                                                          |                                                                             |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Julius</b>                                                                                                                                                                                             |                               | b. (Middle) <b>Wm.</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |
|                                                                                                                                                                                                                                                             |                               | c. (Last) <b>Wittstock</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>February 27, 1952.</b>                                                                                                                                                                                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| 5. SEX <b>male</b>                                                                                                                                                                                                                                          | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widower</b>                                                                                                                                                                                                                                                                                                                                                        | 8. DATE OF BIRTH <b>Oct. 14, 1882</b>                                       |
| 9. AGE (In years last birthday) <b>69</b>                                                                                                                                                                                                                   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>                                                                                                                                                                                                                                                                                                                    | 11. BIRTHPLACE (State or foreign country)<br><b>Silver City, New Mexico</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                                                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| 13a. FATHER'S NAME<br><b>William Wittstock</b>                                                                                                                                                                                                              |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Banks</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| 14. NAME OF HUSBAND OR WIFE<br><b>deceased.</b>                                                                                                                                                                                                             |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>                                                                                                                                                                                 |                               | 16. SOCIAL SECURITY NO. <b>none</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. C. V. DeLany</b>                                                                                                                                                                                               |                               | ADDRESS<br><b>5418 Beacon Ave.</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.                               |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<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.<br>_____ |                                                                             |
| INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b>                                                                                                                                                                                                           |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                      |                               | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ND</b>                                                                                                                                                                                                          |                               | 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) (Min.)                                                                                                                                                                                                      |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          |                                                                             |
| 21f. HOW DID INJURY OCCUR?<br><b>H90X</b>                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| 22. I hereby certify that I attended the deceased from <b>Feb 24, 1952</b> to <b>Feb 26, 1952</b> , that I last saw the deceased alive on <b>Feb 26, 1952</b> , and that death occurred at <b>5:00 a.m.</b> , from the causes and on the date stated above. |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| 23a. SIGNATURE<br><b>R. R. Morrison MD</b>                                                                                                                                                                                                                  |                               | 23b. ADDRESS<br><b>5330 Geraldine</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |
| 23c. DATE SIGNED<br><b>Feb. 29, 1952</b>                                                                                                                                                                                                                    |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                 |                               | 24b. DATE<br><b>3-1-52.</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>                                                                                                                                                                                         |                               | 24d. LOCATION (City, town, or county) (State)<br><b>Normandy, Missouri.</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                             |
| DATE REC'D BY LOCAL REG.<br><b>FEB 29 1952</b>                                                                                                                                                                                                              |                               | REGISTRAR'S SIGNATURE<br><b>Math Hermann</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Math Hermann &amp; Son, Inc.</b>                                                                                                                                                                                     |                               | ADDRESS<br><b>2161 E. Feir Ave.</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |

**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 *Welford H Burnley*.....  
Licensed Embalmer No. *4708*.....

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.