

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1952

State File No. **25710**
 Registrar's No. **6556**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6556		
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New York b. COUNTY Orange				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goshen		8310		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				d. STREET ADDRESS (If rural, give location) 34 Green Street.				
3. NAME OF DECEASED (Type or Print) a. (First) Gloria b. (Middle) Lynn c. (Last) DeWitt			4. DATE OF DEATH (Month) (Day) (Year) July 30 1952					
5. SEX Female ³		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married ⁰		8. DATE OF BIRTH June 29 1951		
9. AGE (In years) 1		10. MONTHS 0		11. DAYS 1		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Child			10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (City and State or Foreign Country) Goshen, New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George DeWitt			13b. MOTHER'S MAIDEN NAME Estella Moore			14. NAME OF HUSBAND OR WIFE Nil		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George DeWitt, Goshen New York			ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxic Stenosis DUE TO (c) Dehydration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5710				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:16 P.M. , from the causes and on the date stated above.								
23. SIGNATURE Patrick E. Grayson ³ (Degree or title) Coroner				23b. ADDRESS 1900 Clark		23c. DATE SIGNED 7. 7. 52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal ⁵		24b. DATE 7-4-52		24c. NAME OF CEMETERY OR CREMATORY Goshen, New York		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. JUL 7 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington				

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 M. W. Ruetz

Licensed Embalmer No. 4865

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.