

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8095****1152**

FILED FEB 25 1953

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

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|--|----------------------------------|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo | | c. LENGTH OF STAY (in this place) 21 Days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo 2709 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City, Infirmary Hospital | | | d. STREET ADDRESS (If rural, give location) 20 1824a N. 22nd St | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) c. (Last) Wittmer | | 4. DATE OF DEATH (Month) (Day) (Year) 1 30 53 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH March 28th, 1870 | 9. AGE (in years last birthday) 82 | IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days IF UNDER 24 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois. | |
| 13a. FATHER'S NAME Frederick, Wittmer | | 13b. MOTHER'S MAIDEN NAME Adeline, Reese | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS City, Infirmary Records, 5800 Arsenal St | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, general 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 | | 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) | |
| 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? 4200 | |
| 22. I hereby certify that I attended the deceased from 1/9 , 19 53 , to 1/30 , 19 53 , that I last saw the deceased alive on 1/30 , 1953, and that death occurred at 6:20 AM , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) William M. Mowbray MD | | | 23b. ADDRESS 5600 Arsenal | | 23c. DATE SIGNED 1-30-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 2, 1953 | 24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| DATE REC'D BY LOCAL REG. JAN 31 1953 | | REGISTRAR'S SIGNATURE Carl Smith md. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co. 2223 St. Louis Av. | |

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buscholz

Licensed Embalmer No. 1674

P. O. Address 3223 So. Lewis St

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.