

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **41986**  
**11143**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Cuyahoga</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Cleveland</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2285 Grandview</b> \$34.00			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Barbara</b>		b. (Middle) <b>Ann</b>		c. (Last) <b>DeWitt</b>	
4. DATE OF DEATH		(Month) <b>Dec.</b>		(Day) <b>19,</b>		(Year) <b>1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sept. 9, 1925</b>	
9. AGE (In years last birthday) <b>30</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Research</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cleveland, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>George DeWitt</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Farrow</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George DeWitt</b> ADDRESS <b>2285 Grandview Cleveland, Ohio</b>			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mediastinal Hemorrhage;</b> <b>Bilateral Hydrothorax;</b> <b>Obstructed Lungs; Septicemia</b> <b>Staphylococcus. Suffered in</b> <b>Accident Sept 10, 1955, near Greenville, Illinois. Exact time, place, cause and manner of same could not be determined.</b> DOES TO (c) 2. 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		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE <b>Open Verdict</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>near Greenville Illinois</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>near Greenville Illinois</b>		21f. HOW DID INJURY OCCUR? <b>9369 47</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 10 55 ? m.</b>		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 <b>1955</b> , to <b>Dec 19, 1955</b> , that I last saw the deceased alive on <b>Dec 19, 1955</b> , and that death occurred at <b>8:22 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick J. Taylor Coroner</b>		(Deduce or title)		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12 20 55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-20-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake View</b>		24d. LOCATION (City, town, or county) (State) <b>Cleveland, Ohio</b>	
DATE REC'D BY LOCAL REG. <b>DEC 20 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....  
*Elton H. Remelius*

Licensed Embalmer No. *42*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.