

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18814

State File No. ....

318

1003

4920

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>MISSOURI</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>ST. LOUIS</b> |  | c. CITY OR TOWN<br><b>ST. LOUIS</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place)  |  | e. STREET ADDRESS (If rural, give location)<br><b>4289 SACRAMENTO</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4289 SACRAMENTO</b>                        |  |  |  |

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>CHARLES</b><br>b. (Middle)<br>c. (Last) <b>VITT</b>         |                                  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>MAY 20 1956</b> |   |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b> | 8. DATE OF BIRTH<br><b>DEC. 14, 1886</b>                    | 9. AGE (In years last birthday)<br><b>69</b>                                  | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CONTRACTOR</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>GEN. REPAIR</b>                 |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>TRENTON ILLINOIS</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>   |                                  |   |   |   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><b>FRANK VITT</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>AGNES SCHMITT</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>NONE</b> |  |
|---|--|---|--|--|--|

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>490-20-6251</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>MARIE VITT 4289 SACRAMENTO</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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic Heart Disease</b>   |  |                                  |
|   | 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) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>420.0</b> | 20. AUTOPSY?<br>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? |
|--|--|----------------------------|

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 **9:53 P.** m., from the causes and on the date stated above.

|  |                                    |                                   |                                    |
|--|------------------------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>James M. Keeley</b> | (Degree or title)<br><b>Deputy</b> | 23b. ADDRESS<br><b>1300 Clark</b> | 23c. DATE SIGNED<br><b>5-22-56</b> |
|--|------------------------------------|-----------------------------------|------------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>5-23-1956</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>CALVARY CEMETERY</b> | 24d. LOCATION (City, town, or county) (State)<br><b>ST. LOUIS MISSOURI</b> |
|--|-------------------------------|---|--|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG.<br><b>MAY 22 1956</b> | REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>STROOT CARROLL 4600 NATURAL BRIDGE</b> |
|--|---|---|

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

*original*

**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..... *M. W. Rueter*

Licensed Embalmer No. *486*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.