FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36420

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9397

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Inside Limits Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Length of stay in lb Life 2159

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN ST. Louis — Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location) 5000 S Broadway — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First ALMA Middle NMN Last WITTER

4. DATE OF DEATH Month Day Year October 14, 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 9-13-1875

9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) ST. Louis Mo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Anton Witter

14. MOTHER'S MAIDEN NAME Marie T Kieselbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT Jeanie Adolf — Address 3709 a Juneata

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post operative abdominal perineal resection vomiting; aspiration — 2 weeks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

176 x

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from September 24, 1956 10/14/56 and last saw her/him alive on 10/14/56
Death occurred at 12:20 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 10/14/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 10-16-56

23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

23d. LOCATION (City, town, or county) (State) ST. Louis Mo

24. FUNERAL DIRECTOR ADDRESS Akron L. & Co. 2707 N. Grand

25. DATE RECD. BY LOCAL REG. OCT 15 1956

26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Cancer: Site: Vagina (Queried)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert J. Gau Jr.....

Licensed Embalmer No. 48

P. O. Address Kilmarnock

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