

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8125

State File No. ....

FILED MAR 26 1957

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>DENT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DENT</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALEM</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SALEM 0331</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>M<sup>c</sup> ARTHUR AVE.-RESIDENCE</u>				e. STREET ADDRESS (If rural, give location) <u>MCARTHUR AVE.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle)		c. (Last) <u>WITTLICH, JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 18 1957</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 10, 1906</u>		9. AGE (In years last birthday) <u>50</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERINTENDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING FACTORY</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>ST. CLAIR COUNTY, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LOUIS WITTLICH, SR.</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HOFMAN</u>			14. NAME OF HUSBAND OR WIFE <u>ROXIE BURTON WITTLICH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES WWII</u>			16. SOCIAL SECURITY NO. <u>492-07-8219</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROXIE WITTLICH</u>			ADDRESS <u>SALEM, MO</u>	
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) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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? <input checked="" type="checkbox"/> 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)		4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			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 <u>6-17-55</u> , 19 <u>55</u> , to <u>3-18-57</u> , that I last saw the deceased alive on <u>3-14-57</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Roxie Wittlich</u>				23b. ADDRESS <u>Salem, Mo.</u>			23c. DATE SIGNED <u>3-18-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MARCH 19, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>BELLEVILLE ILLINOIS</u>			
DATE REC'D BY LOCAL REG. <u>3/21/57</u>		REGISTRAR'S SIGNATURE <u>M. M. Hartman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Warfel</u>		ADDRESS <u>Salem, Mo.</u>		

Licensed Embalmer's Statement on Reverse Side

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

534  
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MAR 26 1957

**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 *Max L. Waigel*

Licensed Embalmer No. *4170*

P. O. Address *Salem, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.