

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 21 638

FILED JUL 3 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5394 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>RURAL - MERAMEC</u>	c. LENGTH OF STAY (in this place) <u>3yr 10mo</u>	c. CITY OR TOWN <u>WASHINGTON</u>	d. Is 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 <u>St. Joseph's Hill Infirmary</u>		e. STREET ADDRESS (If rural, give location) <u>47th & ELM</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>	b. (Middle) <u>F.</u>	c. (Last) <u>VITT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1957</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 20, 1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FURNITURE FUNERAL DIRECTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>HERMAN VITT</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE GROPE</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA KAMP</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>HESTER VITT</u>	ADDRESS <u>WASHINGTON Mo.</u>
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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, asthenia, 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) <u>BRONCHIAL PNEUMONIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u> 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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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?
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22. I hereby certify that I attended the deceased from 7/29, 1953, to 6/13, 1957, that I last saw the deceased alive on 6/13, 1957, and that death occurred at 9:20 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. M. Mendenhall</u> (Degree or Title)	23b. ADDRESS <u>St. Joseph's Hill Infirmary</u>	23c. DATE SIGNED <u>6/13/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>6/13/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-21-57</u>	REGISTRAR'S SIGNATURE <u>Robert G. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chelung & Galt Inc</u>	ADDRESS <u>Washington Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 27 1957

JUL 15 1957

AUG 8 0 1957

MS SEP 14 1960

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 *James T. Loo boda*

Licensed Embalmer No. *45*

P. O. Address *Washington*

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.