THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

57 023018

STATE FILE NUMBER

FILED JUL 5 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5874

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Inside Limits Yes X No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word — Length of stay in Ib 1 week	STREET ADDRESS (If outside, give location) 6636 McCune Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Rosemarie	Middle:	Last: Witte	4. DATE OF DEATH Month Day Year: June 21, 1957	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June 27, 1896	9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 11 Days 26 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Walter Yung		14. MOTHER'S MAIDEN NAME: Mary Czyzewski		
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.	17. INFORMANT Address: Henry Witte (husband)	

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) Cerebrovascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) hypertension

DUE TO (c) 331K

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

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		
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 May 25, 1957 to June 21, 1957 and last saw her alive on June 21, 1957. Death occurred at 4:30 p. m. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Netajean B. Kappesser MD	22b. ADDRESS: 3284 Ivanhoe	22c. DATE SIGNED: 6/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June 25, 1957	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park	23d. LOCATION (City, town, or county) (State): St. Louis, Mo.	
24. FUNERAL DIRECTOR: St. Louis Funeral Home	ADDRESS	25. DATE RECD. BY LOCAL REG.: JUN 24 '57	26. REGISTRAR'S SIGNATURE: Earl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Sip

Licensed Embalmer No. 4

P. O. Address St. L

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.