

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030316

STATE FILE NUMBER

7904

FILED SEP 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Fenton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's		d. STREET ADDRESS Box 164	
3. NAME OF DECEASED (Type or print) First Enola Middle DeWitt Last		4. DATE OF DEATH Month Aug Day 13 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Aug 2 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Okla.
13a. FATHER'S NAME Willis Dixon		13b. MOTHER'S MAIDEN NAME Grace Edson	14. NAME OF HUSBAND OR WIFE Robert DeWitt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 442 12 6909	17. INFORMANT Robert DeWitt Box 164 Fenton Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor, Glioblastoma, Rt temporal lobe. DUE TO (b) Acute renal failure - Etia not determined DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1930			INTERVAL BETWEEN ONSET AND DEATH 2 mos 4 days
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. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT ☐ 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 Death occurred at 7-28-58 6:45 AM to 8-14-58 and last saw her alive on 8-14-58		21. I attended the deceased from Death occurred at 6:45 AM to 8-14-58 and last saw her alive on 8-14-58	
22a. SIGNATURE G. E. Roubaud (Degree or title) MD 6		22b. ADDRESS 3720 Washington Ave	
22c. DATE SIGNED 8/14/58		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug 15 1958	23c. NAME OF CEMETERY OR CREMATORY SunSet Burial Park	23d. LOCATION (City, town, or county) (State) St. Louis Cty Mo
24. FUNERAL DIRECTOR E. J. SCHNUR - 3125 LAFAYETTE		25. DATE RECD. BY LOCAL REG. AUG 14 1958	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.