

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042612

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2798

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jennings</b>		c. CITY OR TOWN <b>Jennings</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If outside, give location) <b>7026 Emma Avenue</b>	
3. NAME OF DECEASED (Type or print) First <b>LULU</b> Middle <b>MAY</b> Last <b>DE WITT</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>31</b> Year <b>1958</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 22, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	9. AGE (In years last birthday) <b>80</b>
11. BIRTHPLACE (City and state or country) <b>Princeton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Miles Sowash</b>		13b. MOTHER'S MAIDEN NAME <b>Fidelia Putnam</b>	
14. NAME OF HUSBAND OR WIFE <b>William Joseph DeWitt</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>William O. DeWitt, 56 Fair Oaks</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac insufficiency</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic Heart Disease 10 years</b> DUE TO (c) <b>Generalized arterio-sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Emphysema - Cholelithiasis</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4200</b>	
20c. TIME OF INJURY Hour <b>4:00</b> a.m. <b>4:00</b> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	
20g. COUNTY <b>St. Louis</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>March 1958</b> to <b>Oct 1958</b> and last saw her alive on <b>Oct 25-1958</b> Death occurred at <b>9:30 am 10-31-58</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>John B. Meyers</b> (Degree or title) <b>M.D.</b>	
22b. ADDRESS <b>Missouri Theatre Building</b>		22c. DATE SIGNED <b>10/31/1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-3-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>C. R. Lupton &amp; Sons-7233 Delmar Bl</b>		25. DATE RECD. BY LOCAL REG. <b>10-31-58</b>	
26. REGISTRAR'S SIGNATURE <b>Hubert B. Romke MD</b>			

(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.

Mo. Health Bldg.  
O.E. 2-3888  
@ 2:30 P.M.  
Knock on door

### 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 Arnold W. Schoene

Licensed Embalmer No. 3864  
P. O. Address St. Louis, 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.