

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1960

318

1003

10479-60-040394

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived.. If institution: Residence before admission)									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5967 Lotus Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last Clifford Wittmer						4. DATE OF DEATH Month Day Year Oct. 27, 1960							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/18/98		9. AGE (last birthday) 61		IF UNDER 1 YEAR Month 10 Days 9		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repair Man				10b. KIND OF BUSINESS OR INDUSTRY Carter Carburetor		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Henry Wittmer				13b. MOTHER'S MAIDEN NAME Elizabeth Meyer				14. NAME OF HUSBAND OR WIFE Ruth					
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. 493-07-9258		17. INFORMANT Ruth Wittmer				Address 5967 Lotus			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Aneurysm of the abdominal aorta</i> DUE TO (b) <i>Generalized Arterio sclerosis</i> DUE TO (c) <i>Cardiac Arrest</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II as item 18) <i>At site in hospital (abdominal aneurysm) at</i>									
20c. TIME OF INJURY Hour a.m. p.m. 10:27 p.m.		Month, Day, Year Missouri Baptist Hospital on October 27, 1960											
20d. INJURY OCCURRED WHILE AT WORK <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.) <i>Hosp</i>		20f. CITY, TOWN OR LOCATION <i>St Louis Mo</i>		COUNTY		STATE					
21. I attended the deceased from <i>645 P</i> to <i>her</i> and last saw him alive on <i>645 P</i> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <i>645 P</i>													
22a. SIGNATURE <i>Paul J. Simon</i>				(Degree or title) <i>Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>				22c. DATE SIGNED <i>10/29/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>10/31/60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis County, Mo.</i>							
24. FUNERAL DIRECTOR <i>Chas. F. Stuart</i>				ADDRESS <i>1225 Union</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 29 1960</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4108

P. O. Address _____

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.