MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-21 777 907 SL 26429

STATE FILE NUMBER 62-017416

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 3184 Primary Registration District No. 1003 Registrar's No. 4464

FILED MAY 10 1962

1. PLACE OF DEATH a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis,Mo. — Length of stay in 1b: 39 days

c. CITY OR TOWN St. Louis — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 3438 Arsenal — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: JOHN Middle: F. Last: WITT

4. DATE OF DEATH Month: April Day: 30 Year: 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 12/22/07

9. AGE (last birthday): 54 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Riveter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Greenville, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOSEPH WITT

13b. MOTHER'S MAIDEN NAME: ELLEN MARLER

14. NAME OF HUSBAND OR WIFE: PEARL WITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Pearl Witt (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

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

DUE TO (b): LEFT FEMORAL AND PELVIC VEINS THROMBOSIS

DUE TO (c): 466x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): EMPHYSEMA, CORPULMONALE, GENERALIZED ARTERIOSCLEROSIS

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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/VA attended the deceased from 3/22/62, to 4/30/62 and last saw him alive on 4/30/62

Death occurred at 3:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David H. McKenna (Degree or title) M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 4/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5-2-62

23c. NAME OF CEMETERY OR CREMATORY: National Cem.

23d. LOCATION (City, town, or county) (State): Jeff. Brks., Mo.

24. FUNERAL DIRECTOR ADDRESS: Southern Funeral Home, 6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: MAY 1 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2	1	6
3			
4	0		
5	1		
6			
7	0		
8	1		
9			
10			
11			
12	83-0		
13			
	83		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed David VanHassen

Signature of Student Embalmer

Licensed Embalmer No. 4242

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.