

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County Saint Louis **3**  
 (b) City or town Jefferson Barracks  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Veterans Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Adm: 9-8-39  
 (Specify whether  
 In this community Unknown  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County --- **1**  
 (c) City or town Saint Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1932 Dodier  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. --- years.

3. (a) PRINT FULL NAME William G. WITTE **3AA**

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 20, 1877  
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 62    | 1      | 10   | hr. _____ min.       |

9. Birthplace Bunker Hill, Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur **1**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Not known **9**

18. Birthplace Not known **7**  
 (City, town, or county) (State or foreign country)

14. Maiden name Not known **7**

15. Birthplace Not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. R. ...

(b) Address Vet. Adm. Facility, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 10-3-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 1 1939 (b) W. R. ...  
 (Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30  
 year 1939 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from September 8, 1939, to September 30, 1939;  
 that I last saw him alive on September 30, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic Myocarditis (arteriosclerotic) Unkn.  
Chronic Nephritis with edema and nitrogen retention. Unkn.  
 Due to \_\_\_\_\_

Duration  
 \_\_\_\_\_  
 Unkn.

Other conditions Generalized Arteriosclerosis Unkn.  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations No operation  
 Of autopsy No autopsy

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury !  
 Signature C. W. ... Officer (M. D. or other)  
 Address VAF., Jeff. Bks., Mo. Date signed 9-30-39

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*William B. Buchholz*

Licensed Embalmer No.

*2110*

P. O. Address

*St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**