

No. 2
1-12-40
-17-39
X23159

MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3508

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution DePaul Hospital

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 days

(If not in hospital or institution, write street number or location)

In this community 67 Yrs. 2Mos. 0Days

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1505 Palm St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Anton H. Wittling

(b) If veteran, name war Nil.

(c) Social Security No. 497-10-3945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1941 hour 9 minute 15 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia Wittling

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 23, 1874

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 20, 1941, to April 23, 1941

that I last saw him alive on April 23, 1941 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Cardiac failure

Due to degenerative heart disease

Due to apoplexy

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace St. Louis Missouri

(City, town, or county) (State or foreign country)

Duration 2 1/2 hours

Physician Jan 1941

10. Usual occupation Beer Bottler

11. Industry or business Brewery Ind.

Major findings: Of operations _____

Of autopsy gac

12. Name Unk. Wittling

13. Birthplace Unk. Holland

(City, town, or county) (State or foreign country)

14. Maiden name Unk.

15. Birthplace Unk. Germany

(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 4/26/41

(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? _____

16. (a) Informant Amelia Wittling

(b) Address 1505 Palm St.

(Specify type of place) (e) Means of injury _____

17. (a) Burial (b) Date thereof 4/26/41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

23. Signature F. R. Franigan (M. D. or other) MD

Address 539 n 9th Date signed 4/24/41

18. (a) Signature of funeral director Schmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) APR 24 1941 (b) J. T. Bredeck

(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1079

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.....

Alfred J. Bodelker

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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 this body is not embalmed, fact should be so stated above.