

S. No. 2
-4-13-40
5-17-39
P-I X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23635

State File No. _____

DIED AUG 28 1941 791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5977

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3412 Cook Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Caspar Witte,

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Witte

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

7. Birth date of deceased: July 12 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 0 8 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Switchman

11. Industry or business Retired

MOTHER FATHER { 12. Name Caspar Witte

13. Birthplace Breese Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Witte Missouri
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Christine Keith

(b) Address 3412 Cook Ave.

Burial

17. (a) _____ (b) Date thereof 7-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director _____

(b) Address 1710 N. Grand Blvd.

19. (a) JUL 22 1941 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3412 Cook Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 19-40 to July 20, 1941 that I last saw him alive on July 19- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage two days

Due to My hypertension

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy g f

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 _____

23. Signature C. O. O'Connell (M. D. or other) D

Address 1316 A n Grand Date signed _____

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

Fred Truck

Licensed Embalmer No. 3186

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