

**FILED NOV 24 1941**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Mos. 3 days**  
(Specify whether years, months or days)  
In this community **Life.**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **001**  
(c) City or town **St. Louis** **23 17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **City Hospital** **9**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **Life.**

**3. (a) PRINT FULL NAME**

**John Witt**

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. **W 2**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 13th, 1885**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56 5 22** hr. min.

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

10. Usual occupation **Elevator operator**

**11. Industry or business**

12. Name **Frank A. Witt**  
13. Birthplace **Germany** (State or foreign country)  
14. Maiden name **Gertrude Kramer**  
15. Birthplace **Germany** (State or foreign country)

16. (a) Informant **Mary Helmerichs**  
(b) Address **Bridson NW**

17. (a) **Burial** (b) Date thereof **10/6/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremations **S. S. Peter & Paul**

18. (a) Signature of funeral director **John Zegeman & Paul**  
(b) Address **7027 Gravois Ave.**

19. (a) **OCT 6 1941** (b) **J. J. Bieduck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **October** day **3**,  
year **1941** hour **10:30 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **July 1st, 1941** to **October 3, 1941**; that I last saw him alive on **October 3, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease**  
Due to **Arteriosclerosis**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Arteriosclerosis**

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 **L. J. Mellinger** (M. D.)  
Address **1515 Lafayette** Date signed **10/3/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

---

---

**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.....

*C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address: *7027 Travis*

**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.**