

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7679**

Registration District No. _____ Primary Registration District No. **1003**

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:
1801 Elliot 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 **33 years**
years, months or days)

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. **1801 Elliot Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13th**
year **1942** hour **7:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **February 25**, 1942 to **Sept 13**, 1942
that I last saw him alive on **Sept 13** and that death occurred on the date and hour stated above.

Immediate cause of death: **Thrushlike Hypostatic Pneumonia** Duration _____

Due to **Respiratory Paralysis**

Due to **Fungus growth of the spinal cord**

Other conditions: **metastatic**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: **Fungus growth of myelin sheath of spinal cord**
Of 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 _____

23. Signature **A. J. Hettiger** (M. D. or other)
Address **2745 79th** Date signed **9-14-42**

3. (a) PRINT FULL NAME **Augusta Wilhelmina Wittmann**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **488 03 4153**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased: **January 27, 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 16 hr. min.

9. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sales Clerk**

11. Industry or business **Stix Baer & Fuller Co.**

12. Name **Herman Wittmann**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophie Steinmeyer**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Lena Wittmann**

(b) Address **1801 Elliot Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 16, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **Wm. M. Schumacher**

(b) Address **4834 Natural Bridge**

19. (a) **SEP 15 1942** (Date received local registrar) **J. F. Brudek** (Registrar's signature)

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

MOTHER FATHER

9-10
1-3
7-8

Dr. Kettinger
Lewell Summit St. Mo.

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.....

John A. Mlinar

Registered Apprentice No.

working under my personal supervision.

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

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.