

FILED MAR 25 1943
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(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 Witthaus, Harriet G.

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife John Witthaus 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 22, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days 63 3 22 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name R. P. Aspley 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name --- Owings

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

16. (a) Informant Mrs. Verna Corrigan

(b) Address 1362 Burd Ave.

17. (a) Burial (b) Date thereof 3-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truxton, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) MAR 16 1943 (b) J. F. Bredbeck
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 004
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1362 Burd Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 43 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from 2-27
19.43 to 3-15 19. 43

that I last saw him alive on 3-15 19. 43
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive -
Cardiovascular Disease Duration 3 years

Due to
Due to 9/2

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Hypertrophy of Ht & Mitral
stenosis + Regurg. Thrombosis Rt. Branchial Artery

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. B. Behrens (M. D. or other)
Address Firmin Desloge Hosp. Date signed 3-15-43

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.....

A. J. Kelly

Licensed Embalmer No. *3275*

P. O. Address *1125 Hodiannan*

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.