

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12248

State File No. _____

FILED MAR 27 1944
Registration District No. 3174

Primary Registration District No. 6076

Registrar's No. 671

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Warrensburg
(c) Name of hospital or institution:
O'Sullivan Nursing Home
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 3715 St. Ann's Lane
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rena Wittgenstein
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 16
year 1944 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from Feb 9/44
1944, to Mar 16, 1944
that I last saw her alive on Mar 16, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife William Wittgenstein 6. (c) Age of husband or wife if alive See years
7. Birth date of deceased Mar 15 - 1866
(Month) (Day) (Year)

Immediate cause of death:
Pulmonary thrombosis
Senescent arteriosclerosis
Cardiac failure
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 0 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Sparta Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

MOTHER FATHER
11. Industry or business _____
12. Name James McDonald
13. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Barney Wittgenstein
(b) Address 3305 A Patton
17. (a) Burial (b) Date thereof 3-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rock Creek Cem
18. (a) Signature of funeral director Louis H. Bopp
(b) Patton, MO
19. (a) MAR 18 1944 (b) E. B. McGowan, M.D.
(Date received local registrar) (Registrar's signature)

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 Dr. McGowan (M. D. or other) Dr.
Address 712 Harrison Date signed 3/16/44

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: *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 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.