

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

STANDARD CERTIFICATE OF DEATH

FILED APR 18 1946  
Primary Registration District No. 1003  
Registrar's No. 3254

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 14 days  
(Specify whether years, months or days)

In this community unknown

3. (a) PRINT FULL NAME Lillian De Witt

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

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 Mar. 14, 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>22</u>	hr. / min.

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

10. Usual occupation Milliner

11. Industry or business \_\_\_\_\_

12. Name Samuel De Witt

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

14. Maiden name Nancy Anderson  
(City, town, or county) (State or foreign country)

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-7-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Lapel, Indiana

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 8 1946 (Date received from registrar)  
J. F. Bredick (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. 1510a S. Grand 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 April day 6  
year 1946 hour \_\_\_\_\_ minute 7:05 a.m.

21. I hereby certify that I attended the deceased from Feb. 21, 1946  
to Apr. 6, 1946  
that I last saw her alive on Apr 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary occlusion -- few minutes

Due to Cerebral arterio sclerosis 1942 pl.

Due to Senile psychosis 1940

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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 Palmer Francis Bowditch (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

3254

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**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

*Henry M Brammer*  
.....  
Licensed Embalmer No. *4200*

P. O. Address.....

**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.**