

S. No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19067
Registrar's No. 4434

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: 6710 Oleatha
(d) Length of stay: 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(c) City or town St. Louis
(d) Street No. 6710 Oleatha
(e) Citizen of foreign country? Yes Germany

3. (a) PRINT FULL NAME Henry W Witte
3. (b) If veteran, name war *****
3. (c) Social Security No. ***
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophie Witte
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased February 4 1869

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14 year 1946 hour 1 minute P M.
21. I hereby certify that I attended the deceased from 9-23-44 to 5/14/46
that I last saw him alive on 5/12/46 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 3 10 hr. min.

Immediate cause of death: Generalized Carcinomatous
Due to Cancer of Prostate
Other conditions: Amputation Left Leg
Major findings: Metastases
Of operations:
Of autopsy:

9. Birthplace Germany
10. Usual occupation Retired Plaster
11. Industry or business
12. Name Unknown
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: [Signature] (M.D. or other)
Address: 2800 N. Chippewa Date signed: 5/14/46

16. (a) Informant Mrs. Sophie Witte
(b) Address 6710 Oleatha
17. (a) Burial (b) Date thereof May 17 1946
(c) Place: burial or cremation St. John Cemetery
18. (a) Signature of funeral director Calvin F Feutz Funeral Home
(b) Address 4828 Nat. Bldge Blvd
19. (a) MAY 17 1946 (Date received local registrar)
(b) J. F. Bredenk (Registrar's signature)

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 John A. Merriam
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.