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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12028

State File No. 0

FILED MAR 31 1947

Registration District No. 1

Primary Registration District No. 3064

Registrar's No. 648

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town FERGUSON MO. R.R. 10 Box 881
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 10 Box 881 Ferguson Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH A. WITTE

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race W.

6. (a) ~~Single, widowed, married,~~ divorced WIDOW

6. (b) Name of husband or wife JOHN WITTE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY (Month) 9 (Day) 1862 (Year)

8. AGE: Years 85 Months 2 Days 9 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. D (State or foreign country)

10. Usual occupation HOUSEKEEPER.

11. Industry or business OWN

FATHER
12. Name JOHN T. WALTER
13. Birthplace FRANCE (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY ADAM
15. Birthplace FRANCE (City, town, or county) (State or foreign country)

16. (a) Informant Miss Caroline Walter

(b) Address R.R. 10 Box 881 Ferguson Mo

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 21-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Calvary Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av

19. (a) 3-21-47 (Date received local registrar) (b) Ruth J Allen MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 18 year 1947 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from June 21, 1945, to Mch 18, 1947 that I last saw her alive on Mch 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Coronary Occlusion	2 Day
Due to Chronic myocarditis	3 yr
Due to Cardio. Vascular Disease	10 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Farley (M. D. or other) D.D.

Address 6623 Lillian Date signed 3/20/47

(Licensed Embalmer's Statement on Reverse Side)

MAY 19

AUG 28 1949

JUN 21 1946

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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.