FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948
Registration District No. 3717

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 43725
Registrar's No. 2726

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves (If outside city or town limits, write "RURAL") 7
(d) Street No. 121 Hull Ave. (If rural, give location) 4
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Adolph Herman Wittmann
3. (b) If veteran, name war
3. (c) Social Security No. 492-05-7923
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Wittmann
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March (Month) 12 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	9	16	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Motion Picture Operator
11. Industry or business
FATHER
12. Name Adolph Wittmann
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name Mamie
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Jessie Wittmann
(b) Address 121 Hull Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 12-30-48 (Date received local registrar) (b) Earl A. J. Shay MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1947 hour 5:00 minute A.M.
21. I hereby certify that I attended the deceased from Aug 1942 to Dec 28 1947 that I last saw him alive on Dec 27 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	36 hrs
Due to: Arteriosclerosis	5 years
Due to: 940	
Other conditions: Nephritis (Include pregnancy within 3 months of death)	2 months

Major findings:
Of operations: oc
Of autopsy: occlusion of anterior Coronary Artery & sclerosis

PHYSICIAN
Underline the cause of 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 Carl G. Brandt (M. D. or other)
Address Webster Groves Mo. Date signed 12/31/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAR 10 1948

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 H. P. Burgess

Licensed Embalmer No. 4029

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.