S. No. 2
—12-45
—17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2158

Registration District No. 310 | Primary Registration District No. 10,51 | Registrar's No. 220

1. PLACE OF DEATH:
(a) County: ST. CHARLES
(b) City or town: ST. CHARLES RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YEAR 4 MOS. 8 DAS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. CHARLES
(c) City or town: ST. CHARLES
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARY WITTE
3. (b) If veteran, name war: NONE
3. (c) Social Security No.
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: THEODORE WITTE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: NOVEMBER (Month) 2 (Day), 1862 (Year)

8. AGE: Years 85 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace: ST. CHARLES (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWORK
11. Industry or business
MOTHER FATHER
12. Name: ANDREW HEIMBURGER
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
14. Maiden name: MAGDALENE
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: Theophil Stoerker
(b) Address: ST. CHARLES, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEMETERY
18. (a) Signature of funeral director: KRIEGS HAUSER UND
(b) Address: 4228 S. KINGSHIGHWAY BL.
19. (a) 1-6-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 2 year 1948 hour 6 minute — P. M.
21. I hereby certify that I attended the deceased from Dec 6 - 1947 to Jan 2 - 1948 that I last saw he alive on Dec 31 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Broken Compression Chr.
Due to
Due to Myocardial insufficiency 2 yr.
Other conditions Gen. Arterio-sclerosis
(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: A. Erich Schulz M.D. (M. D. or other)
Address: St Charles Mo. Date signed 1/2/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 9,
District File Number
Date Filed 1/13/42

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 Richard W. Stoveand

Licensed Embalmer No. 4007

P. O. Address 4228 S. Kingshighway
St. Louis (9) 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.