

FILED JUL 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24849

1003

6483

Primary Registration District No.

Registrar's No.

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:
Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

3: (a) PRINT FULL NAME JOHN WITTGENSTEIN SR.

3. (b) If veteran, name war None 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.....
Ida 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Aug. 24 1869
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
78	10	26	hr. min.	

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Jobbing Contractor

11. Industry or business.....

12. Name Unknown
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant John Wittgenstein Jr.(b) Address 344 S. Kirkwood, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 7-23-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.18. (a) Signature of funeral director Kriegshauser Und. Co.(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 22 1948 (b) J. F. Bredenk
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6676 West Park Ave.
 (If rural, give location)
 (e) Citizen of foreign country? 4 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
 year 1948 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from
16 May 1948 to 20 July 1948.
 that I last saw him alive on 20 July 1948.
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Atherosclerosis Duration 1 yr

Due to Ch. Myocarditis 10 yrs

Due to Ch. Hypertension 15 yrs

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?

While at work?..... (Specify type of place)
 (e) Means of injury.....

23. Signature Richard H. Day (M. D. or other) M.D.Address 5930 Smithurst Ave. Date signed 22 July 48

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

Edwin M. Herriott

Licensed Embalmer No.....

3024

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.