

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2614
Registrar's No. 2614

FILED DEC 4 1948
Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay 23
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9911 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME FREDERICK C. WITTLER

3. (b) If veteran, name war World War I 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Lillie 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August 13, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 26 hr. min.

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Hy Wittler
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Dueselhorst
15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Wittler
(b) Address 9911 S. Bdwy., Lemay 23, Mo.
17. (a) Burial (b) Date thereof 11/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Bdwy St. Louis 11, Mo.
19. (a) 11-12-48 (b) Carl A. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay 23
(If outside city or town limits, write "RURAL")
(d) Street No. 9911 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1948 hour 10 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1942 Jan
_____, 19____, to Nov 19, 48
that I last saw him alive on Oct Nov 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis Duration 6 yrs

Due to none 93d
Due to _____

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 Charles A. Nester (M. D. or other) _____
Address 1600 S. Compton Date signed 10 Nov 48

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

Doctor G. Nester
5600 S. Compton
PL 1663

DEC 6 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 *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Brown*.....

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.