

FILED MAR 28 1950

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11203

BIRTH NO. 19517-30 REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 2644

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i> 2269	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>26-11109 Chambers' st</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Lukes Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Gerard</i> b. (Middle) <i>Joseph</i> c. (Last) <i>Wittley</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 17 50</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3/13/50</i>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>St Louis Mo</i>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>Frederick Wittley</i>		13b. MOTHER'S MAIDEN NAME <i>Josephine Ambroszski</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Frederick Wittley</i> 1110 Chambers' st
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Remalure infant</i> INTERVAL BETWEEN ONSET AND DEATH <i>birth</i>	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <i>St Louis</i> (STATE) <i>Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>fall</i>	
22. I hereby certify that I attended the deceased from <i>3/16</i> , 1950, to <i>3-18</i> , 1950, that I last saw the deceased alive on <i>3/18/50</i> , and that death occurred at <i>10:00 AM</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Robert</i>		23b. ADDRESS <i>3720 Washington</i>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>3/20/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calway</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
DATE REC'D BY LOCAL HEALTH DEPT. <i>MAR 20 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Lassiter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Certified Funeral Home - 1849 East</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.