

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35779  
Registrar's No. 9355

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *St. Louis*  
c. LENGTH OF STAY (In this place) *1 month*  
d. FULL NAME OF HOSPITAL OR INSTITUTION *Lickuan Hospital*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE *Mo.*  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *St. Louis*  
d. STREET ADDRESS (If rural, give location) *3026 Rollen Place*

3. NAME OF DECEASED  
(Type or Print) *Joseph Witte*  
a. (First) *Joseph* b. (Middle) *Witte* c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
*10/21/51*

5. SEX *male*

6. COLOR OR RACE *white*

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *married*

8. DATE OF BIRTH *6/4/1891*

9. AGE (In years last birthday) *60*

IF UNDER 1 YEAR Months *4* Days *17* IF UNDER 6 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *maintenanceman*

10b. KIND OF BUSINESS OR INDUSTRY *Lick Electric Co*

11. BIRTHPLACE (State or foreign country) *St. Louis*

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME *Joseph Witte*

13b. MOTHER'S MAIDEN NAME *Catherine Brennan*

14. NAME OF HUSBAND OR WIFE *Bernice*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *no* (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. *493-05-5951*

17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Mrs. B. Witte 3026 Rollen Pl.*

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) *Carcinomatosis*  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) *Gastric Obstructing Ca*  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. *Cachexia*

INTERVAL BETWEEN ONSET AND DEATH  
*Unknown*  
*2 mos*  
*6 mos*

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION *Primary Gastric Carcinoma*

20. AUTOPSY? YES  NO

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) (STATE)  
*St. Louis Mo*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? *151A*

22. I hereby certify that I attended the deceased from *9/20/51*, 19\_\_\_\_, to *10-21*, 19\_\_\_\_, that I last saw the deceased alive on *10/20/51*, 19\_\_\_\_, and that death occurred at *8 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Walter H. ...*

23b. ADDRESS *1310 S Grand*

23c. DATE SIGNED *OCT 22 '51*

24a. BURIAL, CREMATION, REMOVAL (Specify) *burial*

24b. DATE *10/24/51*

24c. NAME OF CEMETERY OR CREMATORY *Calvary*

24d. LOCATION (City, town, or county) (State) *St. Louis Mo*

DATE REC'D BY LOCAL REG. *OCT 23 1951*

REGISTRAR'S SIGNATURE *...*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *...*

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

DEC 3 1931

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

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.