

5. No. 300
V. 10.48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

544 State File No. 22951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 306 Registrar's No. 1384

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U.S. Public Health Serv. Hosp</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
		d. STREET ADDRESS (If rural, give location) <u>430 Greeley Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edmond</u>	b. (Middle) <u>T.</u>	c. (Last) <u>Witt</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 24 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 29 1885</u>	9. AGE (In years Last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Chaplain</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MINISTER</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>David Witt</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bell</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Witt</u>
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I & 2</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clinical records of U.S. Public Health Service Hospital, Kirkwood, Mo</u>	ADDRESS
---	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of myocardial, due to arteriosclerotic coronary thrombosis</u>		<u>3 hrs</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from May 24th, 1952, to May 24th, 1952, that I last saw the deceased alive on May 24th, 1952 and that death occurred at 2:10 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W.H. Stimson, Sr. Surg. USPHS</u> (Degree or title)	23b. ADDRESS <u>U.S. Public Health Service Hospital, Kirkwood, Mo</u>	23c. DATE SIGNED <u>May 26, 1951</u>
---	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>5-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>5-27-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Markus Aldrich F. Home Webster Groves</u>	ADDRESS
---	--	---	---------

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

4003
0

APR 23 1952

APR 18 1952

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.

Student Embalmer No.

Signed Leslie Welch

Signed
Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Wahpeton Groves 7

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.