

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16387**
Registrar's No. **4044**

FILED MAY 14 1953

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION: BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 600 So. Kingshighway, St. Louis, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) E. c. (Last) Wittbrodt		4. DATE OF DEATH (Month) (Day) (Year) April 17, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 2 1893
9. AGE (In years last birthday) 60		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August C. Stamm		13b. MOTHER'S MAIDEN NAME Mary Secking	
14. NAME OF HUSBAND OR WIFE Harry A. Wittbrodt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Harry Wittbrodt	
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 Uterus 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis Primary Site of the	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
3. 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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 174X	
22. I hereby certify that I attended the deceased from 4/15 , 19 53 , to 4/17 , 19 53 , that I last saw the deceased alive on 4/17 , 19 53 , and that death occurred at 2:15 A.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. R. Bradley		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 4/17/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 20 53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 18 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock 2117 E. Grand.

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank A. Moore*.....

Licensed Embalmer No. *3041*.....

P. O. Address *2117 E. Grand*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.