

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 - 1953

State File No. **37720**  
Registrar's No. **9729**

**378**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9729</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>				a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>one mo.</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>Pine Lawn 151</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3743 Salome Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<b>CLINTON</b>		<b>H.</b>		<b>WITGES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 11, 1953.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>January 15, 1901</b>		9. AGE (In years last birthday) <b>52</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HOURS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electric</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Witges</b>		13b. MOTHER'S MAIDEN NAME <b>Lutie Cassens</b>		14. NAME OF HUSBAND OR WIFE <b>Lenna Witges</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-03-5392</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lenna Witges, 3743 Salome Ave. Pine Lawn</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Retrosperitoneal sarcoma with metastases to intestines</b>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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 <b>6/10/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>sarcoma - Retrosperitoneal involving jejunum</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)			
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? <b>158X</b>			
22. I hereby certify that I attended the deceased from <b>June, 1953</b> , to <b>Oct 12, 1953</b> , that I last saw the deceased alive on <b>10/12, 1953</b> , and that death occurred at <b>11:57 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. H. Haines M.D.</b>				23b. ADDRESS <b>3701 Grand St.</b>		23c. DATE SIGNED <b>10/12/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal - Motor</b>		24b. DATE <b>10/13/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Manes Cemetery</b>		24d. LOCATION (City, town, & county) (State) <b>Richland, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 13 1953</b>		REGISTRAR'S SIGNATURE <b>Calvin F. Feutz</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>			

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 .....  
Student Embalmer

Signed Ralph C. Lindsay

Licensed Embalmer No. 4275

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.