

No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 29 1953  
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R.# 114953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14832

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3213

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>WEBSTER GROVES</b>	
c. LENGTH OF STAY (In this place) <b>31 days</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>918 TUXEDO AVENUE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDERICK</b> b. (Middle) <b>C.</b> c. (Last) <b>WITTE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-14-53</b>		
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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>1-22-93</b>		9. AGE (In years last birthday) <b>60</b>		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 1 YEAR: Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STATISTICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNION ELECTRIC CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>HENRY W. WITTE</b>		13b. MOTHER'S MAIDEN NAME <b>SOPHIE FREVERT</b>		14. NAME OF HUSBAND OR WIFE <b>HAZEL M. WITTE</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>493 05 0236</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP. JEFF. BKS. MO. RECORDS</b>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL VASCULAR ACCIDENT</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS</b>					
		DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOSCLEROTIC HEART DISEASE</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **11-13-53**, 19\_\_\_\_, to **12-14-53**, 19\_\_\_\_, ~~from the causes and on the date stated above.~~ and that death occurred at **8:15P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>M.O. VA HOSPITAL, JEFF. BKS. MO.</b>		23c. DATE SIGNED <b>12-15-53</b>	
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24a. BURIAL CREMATION/REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-17-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO</b>	
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DATE REC'D BY LOCAL REG. <b>12/16/53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FURNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>7 Home Webster Groves MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Leslie Welch*.....

Licensed Embalmer No. *439*.....

P. O. Address *Webster, Pa.*.....

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.