

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3380**  
Registrar's No. **0354**

BIRTH NO. **FILED FEB 5 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>0</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>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland 426X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>9003 Lackland</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Vitt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12 1954</b>	
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 20, 1884</b>
9. AGE (In years) (Months) (Days) <b>69 4 22</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Union, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash Railroad</b>	
13a. FATHER'S NAME <b>Alfred Vitt</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane White</b>	
14. NAME OF HUSBAND OR WIFE <b>Grace McGinnis</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Grace Vitt</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>-</b>	
17. ADDRESS <b>9003 Lackland</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>with decompensation</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <b>4200</b>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>1-27, 1953</b> , to <b>1-13, 1954</b> , that I last saw the deceased alive on <b>1-12, 1954</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. D. Fish</b>		23b. ADDRESS <b>W. D. 634 N. Grand St. Louis, Mo</b>	
23c. DATE SIGNED <b>1-13-54</b>		24. LOCATION (City, town, or county) (State) <b>Alton, Illinois</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan. 15, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Patrick</b>	
DATE REC'D BY LOCAL REG. <b>JAN 18 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortmann Funeral Home</b>	
ADDRESS <b>9222 Lackland</b>		(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 .....

Student Embalmer

Signed

*Al C. Ostmann*

Licensed Embalmer No. *3478*

P. O. Address \_\_\_\_\_

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.