

FILED JAN 18 1955

State File No. ....

318

1003<sup>1</sup>

11395

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>3 days</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>5211 Raymond Avenue. 2059</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>CHARLES</b> c. (Last) <b>WITT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 13, 1954</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>March 31, 1887</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>67</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Decorator</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William C. Witt</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Leparte</b>	14. NAME OF HUSBAND OR WIFE <b>Grace M. Witt</b>
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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>493-07-7617A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rudolph H. Witt, 10650 New Halls Ferry Road</b>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause open for life 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) <b>coronary thrombosis secondary to arteriosclerosis</b>		—
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>to arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatic hypertrophy, benign</b>		<b>5 years?</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H201</b>
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22. I hereby certify that I attended the deceased from **Dec 9, 1954**, to **Dec 13, 1954**, that I last saw the deceased alive on **Dec 13, 1954**, and that death occurred at **11 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William H. Grundmann, M.D.</b>	23b. ADDRESS <b>3118 N. Grand St. St. Louis 7</b>	23c. DATE SIGNED <b>12/14/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Dec 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hiram Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>DEC 14 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shepard Funeral Home, 1167 Hamilton Ave</b>	ADDRESS
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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 *J. W. Dinsley*.....

Licensed Embalmer No. *365*.....

P. O. Address *St Louis*.....

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.