

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

28312

State File No. ....

**FILED SEP 1 1955**

Registrar's No. **6741**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (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. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Brothers Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>626 Bellerive</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>HENRY</b> c. (Last) <b>WITT</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>August, 2, 1955</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widower</b>	<b>8. DATE OF BIRTH</b> <b>January, 4, 1869</b>	<b>9. AGE</b> (In years last birthday) <b>86 yrs.</b>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Funeral Director</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Germany</b>	

<b>13a. FATHER'S NAME</b> <b>John Witt</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bertha Zoefel</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Amelia Witt</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>495-14-8659</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Edgar F. Witt, 2929 S. Jefferson Ave.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>hours</b>  <b>hrs.</b>  <b>hrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Thrombosis</b>		
	<b>ANCECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Sclerosis</b> DUE TO (c) <b>Sen. arteriosclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., to or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>St. Louis, Mo</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from** **Jan, 1955**, to **8/2/55**, 19\_\_\_\_, that I last saw the deceased alive on **8/2/55**, 19\_\_\_\_, and that death occurred at **6:15** p. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>M.D. J. Arnerera</b>	<b>23b. ADDRESS</b> <b>4539 N. Grand</b>	<b>23c. DATE SIGNED</b> <b>8/3/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Aug 6, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunset Burial Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 3 1955</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Witt Bros. L. &amp; U. Co.</b>	<b>ADDRESS</b> <b>2929 S. Jefferson Av.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

