THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1957

'57 0 2 3 0 1 9 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5642

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ✓
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Anthony,s — Length of stay in 1b 22	d. STREET ADDRESS (If outside, give location) 3657 Winnebago Str — Reside on Farm Yes ☐ No ☐ # 2166

3. NAME OF DECEASED (Type or print)	First Elizabeth	Middle	Last Wittenauer
4. DATE OF DEATH	Month June	Day 15	Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Sept 5 1888
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Bernice Burke 3721 Louisiana Ave	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH 15 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. myocarditis + auricular fibrillation

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Post-operative ventral hernia. 422.2

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/1/57, to 6/15/57 and last saw her alive on 6/15/57

Death occurred at 10 30 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wt. Henn MD	22b. ADDRESS 5203 Chippewa	22c. DATE SIGNED 6/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/18/57	23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem
23d. LOCATION (City, town, or county) (State) St Louis Missouri		
24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen	25. DATE RECD. BY LOCAL REG. JUN 17 57	26. REGISTRAR'S SIGNATURE J Earl Smith MD GP

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by self, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Reinhold K. Lohrm

Licensed Embalmer No. 33

P. O. Address St. Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.