FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3884
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY St Louis ~~Cty Hosp~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton ~~5 Mo~~ — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Louis Cty Hosp — Length of stay in 1b 5 Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN Jennings Mo 4009 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2410 a Switzer Ave — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Emil Middle Last Wittig
4. DATE OF DEATH Month 1 Day 2 Year 58
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ Unknown WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 29-1896
9. AGE (In years last birthday) 61 — 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) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and state or country) Unknown
12. CITIZEN OF WHAT COUNTRY? Unknown
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 491-12-6198
17. INFORMANT Address U S Govt Record Center + Veterans Adm

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease
DUE TO (c) Pulmonary edema
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0
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 1-2-58, to 1-2-58 and last saw ~~her~~ him alive on 1-2-58
Death occurred at 1-2-58 2:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Angelo A. Speno M.D.
22b. ADDRESS 601 S. Brentwood Blvd
22c. DATE SIGNED 1-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 7-1958
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Jefferson Barrack (State) Mo
24. FUNERAL DIRECTOR ADDRESS A H Brickey 6536 Clayton Rd
25. DATE RECD. BY LOCAL REG. 1-7-58
26. REGISTRAR'S SIGNATURE Herbert B. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Not Embalmed A H Bockeage

Licensed Embalmer No.....

P. O. Address.....

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.