

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007808  
STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar **3** 1282

300  
-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>AFFTON</i> <i>4800</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL</i>		Length of stay in lb <i>DOA</i>	d. STREET ADDRESS (If outside, give location) <i>7105 STAFFORD CT</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>FRED</i> Middle <i>R</i> Last <i>WITTMANN</i>			4. DATE OF DEATH Month <i>FEB</i> Day <i>2</i> Year <i>1959</i>		
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 16, 1899</i>	9. AGE (In years at birthday) <i>59</i>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MACHINIST</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>KNAPP MONARK</i>	11. BIRTHPLACE (City and state or country) <i>GERMANY</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>HERMANN WITTMANN</i>	13b. MOTHER'S MAIDEN NAME <i>POSALIE SCHUCHARDT</i>	14. NAME OF HUSBAND OR WIFE <i>SELMA</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name and unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>488-07-3000</i>	17. INFORMANT <i>SELMA WITTMANN</i> Address <i>7105 STAFFORD CT.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) <i>420.1</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <i>3:18 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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21a. SIGNATURE (Degree or title) <i>James S. Taylor 3</i>	22b. ADDRESS <i>1300 Elm</i>	22c. DATE SIGNED <i>2/6/59</i>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <i>CREMATION</i>	23b. DATE <i>2/6/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>VALHALLA CREMATORY</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
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24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN &amp; SONS</i>	ADDRESS <i>7027 GRAVOIS</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 5 1959</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Donald E. Berg* .....

Licensed Embalmer No. *4813* .....

P. O. Address *St. Louis, Mo.* .....

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.