

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015989
STATE FILE NUMBER
2 3355

FILED APR 27 1959

Registration District No. _____ Primary Registration District No. _____

5. 300
1-57

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37
9 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ferguson 4119
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes		Length of stay in lb 3 Wks.	d. STREET ADDRESS (If outside, give location) 22 N. Barat
3. NAME OF DECEASED (Type or print) First Middle Last Kathryn Adelle Witter			4. DATE OF DEATH Month Day Year April 2, 1959
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 6, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	11. BIRTHPLACE (City and state or country) St. Louis, Mo. <input checked="" type="checkbox"/>
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Jaoh Raack	13b. MOTHER'S MAIDEN NAME Mary Roebken
14. NAME OF HUSBAND OR WIFE Ernest H. Witter		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-03-4863
17. INFORMANT Address Josephine A. McCollough, Florida		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Cerebral arteriosclerosis Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 332XF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriolar nephrosclerosis and uremia. Fracture left femur.	
19. INTERVAL BETWEEN ONSET AND DEATH 3 weeks		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from 1955 to 4/2/59 and last saw her alive on 4/2/59 Death occurred at 2:15P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph R. Walters</i> M.D.		22b. ADDRESS 600 Union Blvd., St. Louis 8	
22c. DATE SIGNED 4/3/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-4-59	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS White-Mullen Mortuary, Ferguson		25. DATE RECD. BY LOCAL REG. APR 4 '59	
26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>			

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 *Reinhold K. Johnson*

Licensed Embalmer No. *3395*

P. O. Address *Ferguson 21*

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.