URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-038234

FILED VS NOV 3 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9676 STATE FILE NUMBER

RENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Luke's Hospital — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Montgomery

c. CITY OR TOWN: High Hill — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Rural Route — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Henry — Middle Frederick — Last Witte

4. DATE OF DEATH: Month October — Day 18, — Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7/21/1891

9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Warren County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Witte

13b. MOTHER'S MAIDEN NAME: Anna Wohler

14. NAME OF HUSBAND OR WIFE: Lydia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.

16. SOCIAL SECURITY NO.: 499-40-9401

17. INFORMANT — Address: Roger Witte, Rural Route, HighHill, Mo.

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 HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): CEREBRAL ARTERIOSCLEROSIS

DUE TO (c): 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Oct. 13, 1959, to Oct. 18, 1959 and last saw ~~her~~ him alive on Oct. 17, 1959

Death occurred at 12:30 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arlham A. Tilley M.D.

22b. ADDRESS: 3720 Washington

22c. DATE SIGNED: 10/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-20-59

23c. NAME OF CEMETERY OR CREMATORY: Jonesburg Cemetery

23d. LOCATION (City, town, or county) (State): Jonesburg, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H.Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: OCT 22 1959

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

3.P

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elmo R. Sadwell

Licensed Embalmer No. 4077

P. O. Address St Lou

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