

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 8 1960

318

Primary Registration District No. 1003

Registrar's No. 4735

=60-021714

STATE FILE NUMBER

INDEXED

Requested; Coroner's Office; City of St. Louis; Missouri
 DOCUMENT
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis			Length of stay in 1b		c. CITY OR TOWN Brentwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8782 E.Lawn
3. NAME OF DECEASED (Type or print) First Middle Last Earl Frederick Wittrock			4. DATE OF DEATH Month Day Year May 4 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer E. Side Levee District		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Missouri		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Wittrock		13b. MOTHER'S MAIDEN NAME Ella Fuhs	
14. NAME OF HUSBAND OR WIFE Sadie E. Wittrock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.42		16. SOCIAL SECURITY NO. -	
17. INFORMANT Sadie E. Wittrock		Address 8782 E.Lawn		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric Thrombosis DUE TO (b) Cardiac Arrest DUE TO (c) 420.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) While undergoing operation (Heart) at Uptown Hospital			
20c. TIME OF INJURY Hour Month, Day, Year 5 460 May 4, 1960		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (In or about home, farm, factory, office bldg., etc.) 19 Hosp	
20f. CITY, TOWN, OR LOCATION St Louis Mo.		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. 100 A			
22a. SIGNATURE Patrick E. Taylor		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 5-4-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-6-60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co., Mo.		24. FUNERAL DIRECTOR G.E. Lupton & Sons		25. DATE RECD. BY LOCAL REG. MAY 4 1960	
24. FUNERAL DIRECTOR ADDRESS 7233 Delmar Blvd.		26. REGISTRAR'S SIGNATURE Leon Smith, M.D.			

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 Arnold W. Scho

Licensed Embalmer No. 3864

P. O. Address St. Rou

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