

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002218

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5094 Registrar's No. 10

FILED FEB 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC Length of stay in lb 11 mo. 19 days		c. CITY OR TOWN UNIVERSITY CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 113 FRONTENAC FOREST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HUGO Middle F Last VITT			4. DATE OF DEATH Month JANUARY Day 26 Year 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-8-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - BARBER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) CAMPBLETON, MO		12. CITIZEN OF WHAT COUNTRY H.S.A.	
13a. FATHER'S NAME WILLIAM VITT		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MARIE DUBOIS VITT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NO)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT BROTHER LEONARD ST. JOSEPH'S HILL INFIRMARY Address EUREKA 1120
18. CAUSE OF DEATH (Enter only one cause per PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation)			INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic C.V. disease			
DUE TO (c) Generalized arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Impacted fracture left hip; cerebral arteriosclerosis			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 checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Sept 1962 to 1/26/1963 and last saw him alive on 1/16/1963 . Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick C. Hogan (Degree or title)		22b. ADDRESS 3654 South Grand St. Louis 18 mo	22c. DATE SIGNED 1/28/63 (State)
23a. BURIAL CREMATION, REMOVAL (Specify) Removal (Mtr)	23b. DATE Jan. 30, 1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd. ADDRESS		25. DATE RECD. BY LOCAL REG. 1-30-63	26. REGISTRAR'S SIGNATURE Robert C. Bauer

