

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004734

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 209 STATE FILE NUMBER.

<b>FILED FEB 18 1963</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b> Length of stay in 1b <b>20 yrs</b>	
c. CITY OR TOWN <b>7036 Corbitt</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hospital</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>University City</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>W.</b> Last <b>WITTHAUS</b>	
4. DATE OF DEATH Month <b>Jan.</b> Day <b>20,</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-19-1876</b>
9. AGE (last birthday) <b>86</b>	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) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Barber Supply</b>
11. BIRTHPLACE (City and state or country) <b>Lincoln County Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Simon Witthaus</b>	13b. MOTHER'S MAIDEN NAME <b>Veronica Rusch</b>
14. NAME OF HUSBAND OR WIFE <b>Theresa Witthaus</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Theresa Witthaus, 7036 Corbitt, University City, Mo.</b>	
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>Heart Disease</i> DUE TO (b): DUE TO (c): 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 (s) <i>Pk under care of Hughes Hosp Clinic Hall until 19 Jan. 1963.</i>	
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 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 <i>Dec. 12 1961</i> to <i>April 10-1962</i> and last saw her alive on <i>Oct. 17-1962</i> Death occurred at <i>9:00 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) <i>John W. Magnus M.D.</i> 22b. ADDRESS <i>6651 Euclid, Moberly City, Mo.</i> 22c. DATE SIGNED <i>21 Jan 63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<b>REMOVAL</b>	<b>Jan 23, 1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Lincoln County, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>1-21-63</b>	
26. REGISTRAR'S SIGNATURE <i>John W. Magnus M.D.</i>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4002

2 4006

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4 0

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9 4200

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11

12 45-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Magnus  
6651 Enright

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 Vernon D. Vedder

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar  
St. Louis 12, 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.

(Reverse-Memorandum Form, No. 1001)