

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis (NO. 578)

Registration District No. 791

File No. 31044

Primary Registration District No. 1003

Registered No. 8070

City City Hospital St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Wm Witterosh

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH Sept 2, 1913
(Month) (Day) (Year)

DATE OF BIRTH March 23, 1847
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 30, 1913, to Sept 2, 1913,
(that I last saw him alive on Sept 2, 1913)

AGE 66 yrs. 5 mos. 10 ds. If LESS than 1 day, ___ hrs or ___ min.?

and that death occurred, on the date stated above, at 5:30 p.m.

OCCUPATION (a) Trade, profession, or particular kind of work Emery
(b) General nature of industry, business, or establishment in which employed (or employer) 5-57

The CAUSE OF DEATH[†] was as follows:

BIRTHPLACE (City or town, State or foreign country) Germany

Cephalic Secondary to hypertrophied prostate
(Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER Gans Witterosh

Contributory (SECONDARY) 1898
(Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

(Signed) Frederic Harlow M. D.
Sept 2, 1913 (Address) City Hospital

MAIDEN NAME OF MOTHER Lena Naher

† State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. 3 ds. In the ___ State ___ yrs. ___ mos. ___ ds.

(Informant) E. R. Chau

Where was disease contracted if not at place of death?

(ADDRESS) City Hospital

Former or usual residence No Home

Filed SEP -5 1913 Max Starks REGISTRAR

PLACE OF BURIAL OR REMOVAL St. Matthews Cemetery DATE OF BURIAL Sept 5, 1913

UNDERTAKER E. J. Schuman ADDRESS 2652 Chouteau St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

