

OCT 2 1927

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

Do not use this space.

25367

1. PLACE OF DEATH

County... St. Louis, Mo. Registration District No. 789Township... Central Primary Registration District No. 6090City... Terre Haute (No. 100)

File No.

Registered No. 227

St. Ward)

2. FULL NAME Beatrice Wittken(a) Residence. No. 8101 St. Charles Rd St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

3 6 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co. (STATE OR COUNTRY) Missouri10. NAME OF FATHER Wm Wittken11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Co. (STATE OR COUNTRY) Missouri12. MAIDEN NAME OF MOTHER Clara Diel13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri14. INFORMANT Mrs. Wm Wittken (Address) 7117 Woodrow Ave.15. FILED 8/31 19 27 Valera Drury M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 29, 192717. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1927, to Aug 29, 1927 that I last saw h.s. alive on Aug 29, 1927, and that death occurred, on the date stated above, at 4:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Neo-Gonitis
2. 11413 (duration) yrs. mos. ds.CONTRIBUTORY Infection (SECONDARY) (duration) yrs. mos. ds.18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Hart's & Co. St. Charles Rd, St. Co.DID AN OPERATION PRECEDE DEATH? No DATE OF ✓WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) Luke B. Timmon M.D. 8/30 1927 (Address) 3718 Jennings Rd. Pine Lawn, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem DATE OF BURIAL 9-1 192720. UNDERTAKER Yes. L. Pleitsch ADDRESS 5966 Easton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAREFULLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

