

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

Do not use this space.

21881

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **79H**

Primary Registration District No. **1003**

File No. **C002**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. *3838 Evans Ave* St. *11* 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

Wm. H. Witt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 11-1859*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 6 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

10. NAME OF FATHER *Hy Festerling*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Germany

12. MAIDEN NAME OF MOTHER *Fannie Lagerbauer*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Germany

14. INFORMANT *William H. Witt*
(Address) *3838 Evans Ave*

15. FILED *Nov 1, 1928* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 2 1928*

17. I HEREBY CERTIFY, That I attended deceased from *March 15*, 19*28*, to *June 2*, 19*28*, that I last saw him alive on *June 2*, 19*28*, and that death occurred, on the date stated above, at *554*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Right Breast
50 (duration) *3* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *1* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

0 Did an operation precede death? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *General Physical. No section made*
Inspected when first seen
(Signed) *E. P. Shuffler*, M. D.
6/3, 19*28*, (Address) *1121 Mo Beaumont St*

*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 *New Pickers* DATE OF BURIAL *June 5 1928*

20. UNDERTAKER *Clement and Leo S. Grand Blvd* ADDRESS *2217*

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.

WHITE PAPER, WITH IMPRINTING THEREON—THIS IS A PERMANENT RECORD

