

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

Do not use this space.

no Theatre plan
Achsaler
 35564
 File No. _____
 Registered No. 10635
 St. _____ Ward _____

1. PLACE OF DEATH
 County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 2215 a Missouri)

2. FULL NAME Mary C Witt
 (a) Residence. No. 2215 a Missouri St. 13 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 24 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 7 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Student
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Joseph Witt
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Margaret Bannon
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Joseph Witt
 (Address) 2215 a Missouri Ave St. Louis, Mo

15. FILED 26 1928 Mary Starloff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 27 19 28
 17. I HEREBY CERTIFY, That I attended deceased from April 22, 1928, to Oct 17, 1928, that I last saw her alive on Oct 27, 1928, and that death occurred, on the date stated above, at 520 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis -
23A
 (duration) yrs. 6 mos. da.
 CONTRIBUTORY (SECONDARY) 31
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory etc
 (Signed) Achsaler M. D.
10/29, 19 28 (Address) 945 Ma Bldg -

*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 DATE OF BURIAL
St Peter & Paul Cemetery 10-30 19 28
 20. UNDERTAKER ADDRESS
Weick Bros and Co 2201 So Grand B1

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.

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