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

85

Do not use this space.

5502

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 164

City: St. Joseph (No.: St. Joseph Hospital St. Ward)

2. FULL NAME: Emma Witthoff

(a) Residence. No. 2430 South 18 th Street 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House-wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Munster
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Carl Stordenr

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): France

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): France

14. INFORMANT: John Witthoff
(Address): 2430 So. 18th St. Joseph

15. FILED: FEB 11 1929 — John G. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 9. 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1928, to Feb 9, 1929 that I last saw b. ar alive on Feb 9, 1929, and that death occurred, on the date stated above, at 6 - 55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY): none

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2430 S 18

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gustav A Lau, M. D

Feb. 11, 1929 (Address) Kirkpatrick 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: Mt. Olivet Cemetery — DATE OF BURIAL: Feb. 12 1929

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: 1802 Union St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Mar 21 1929

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