

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

Do not use this space.

23465

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **6958**  
St..... Ward)

**2. FULL NAME**

*Donald Eugene Wittshire*  
(a) Residence. No. *6619 St. Louis Ave.* St. *6* Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX  
*male*

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) *6-1-1929*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*21+*

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER *Charles Harper Wittshire*

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

12. MAIDEN NAME OF MOTHER *Edith Poetting*

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

14. INFORMANT *Chas. H. Wittshire*  
(Address) *6619 St. Louis Ave*

15. FILED *6-3-1929* *Map E Standiford* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6-3-1929*

17. I HEREBY CERTIFY, That I attended deceased from *5:25 P.M.* to *1929*, to *7:50 A.M. 6-3-1929* that I last saw him alive on *6-3-1929*, and that death occurred, on the date stated above, at *7 A.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Intracranial Hemorrhage*

CONTRIBUTORY (SECONDARY) *1610* (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *John B. O'Neill*, M. D.

, 19 (Address) *630 So. Kingsley*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Wash. University Med. School* *6-3-1929*

20. UNDERTAKER

ADDRESS

*assigned as Specimen*

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.

