

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

Do not use this space.

6883

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City (No. St. Marys Infirmary) St. (Ward)

File No.
Registered No. 1724
St. (Ward)

2. FULL NAME

Mary Vittorhoff
(a) Residence. No. 5233 Cabany St. 5 Ward.
(Usual place of abode)

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 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6

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

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

10. NAME OF FATHER William Vittorhoff

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

12. MAIDEN NAME OF MOTHER Margaret M. Lean

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

14. INFORMANT Mary Vittorhoff
(Address) 1710 N. Grand Blvd

15. FILED 1919 Max C. Storer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16-1930

17. I HEREBY CERTIFY, That I attended deceased from 1-5, 1930, to 2-16, 1930, that I last saw him alive on 2-16, 1930, and that death occurred, on the date stated above, at 2:40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
23A
95C (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary tuberculosis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. at home

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Feb. 2 clinical findings
(Signed) W. Keigel M. D.

2-17, 1930 (Address) 1536 Poplar 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 Cabany Cont. DATE OF BURIAL 2-19 1930

20. UNDERTAKER Cullman Pro. ADDRESS 1710 N. Grand

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.

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