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

Do not use this space.

18132

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4520 W Papin St. ..... Ward)

File No. .....

Registered No. 5290

2. FULL NAME John Herman Witler

(a) Residence. No. 4520 W. Papin St., 18 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)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	5	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retail Meat Business

(b) General nature of industry, business, or establishment in which employed (or employer) retired 8 yrs

(c) Name of employer

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

PARENTS

10. NAME OF FATHER J. H. Witler

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

12. MAIDEN NAME OF MOTHER Marie Hennendahl

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

14. INFORMANT William J. Witler
(Address) 4520 W. Papin St.

15. MAY 30 1930 FILED ..... 19..... Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28 1930

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1930, to May 28, 1930 that I last saw him alive on May 27, 1930, and that death occurred, on the date stated above, at 7:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
9 3C
1 1 9 A

..... (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

..... (duration) — yrs. — mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Arthur Goebel, M. D.

May 28, 1930 (Address) 3508 Market St. St. Louis.

*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 St Peters Cemetery — DATE OF BURIAL 5-30 1930

20. UNDERTAKER Kriegshauser & Co — ADDRESS 4228 S Kingshighway

N. B.—Every item of information should be carefully supplied. Age should be given in years, months and days. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

58503