

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

Do not use this space.

31338

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* No. *3633-Wyoming*

File No.....
Registered No. **8939** St. Ward)

2. FULL NAME

Jacob Wittich & *Clayton Mo*
(a) Residence. No. *Clayton Mo. St. 16* Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Katherine Wittich*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 30-1858*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>72</i>	<i>3</i>	<i>13</i>	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *John Wittich*

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

12. MAIDEN NAME OF MOTHER *Katherine Berlein*

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

14. INFORMANT *Katherine Wittich*
(Address) *Clayton Mo*

15. **SEP 13 1930** *St. C. Barber*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-13-1930*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 11* to *Sept 13*, 19*30*, and that I last saw *him* alive on *Sept 13*, 19*30*, and that death occurred, on the date stated above, at *6:40* a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

General peritonitis
122A
1247

(duration) yrs. mos. *3* ds.

CONTRIBUTORY (SECONDARY) *Strangulated Original hernia* (duration) yrs. mos. *3* ds.

18. WHERE WAS DISEASE CONTRACTED *Clayton Mo*

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No* DATE OF *—*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Harry Heidemuehl*, M. D.

Sept 13, 1930 (Address) *3411 S. Grand*

*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 *Valhalla* DATE OF BURIAL *Sept 16 1930*

20. UNDERTAKER *Wacker-Helders* ADDRESS *2331 S. Blum*

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.

WHITE PAPER, WITH WRITING MATERIALS IS AVAILABLE

