

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

Do not use this space.

37680

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis Mo.** (No. **6544** **Berthold Ave.**) St. Ward)

File No.
 Registered No. **10768**
 St. Ward)

2. FULL NAME

Joseph J. Witte
 (a) Residence No. **6544 Berthold** St., **4** 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 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		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21-1876		
7. AGE	YEARS 54	MONTHS 4
	DAYS 23	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Ohio**

PARENTS

10. NAME OF FATHER **Aug Witte**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 12. MAIDEN NAME OF MOTHER **Unknown**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14.

INFORMANT **Mary Witte**
 (Address) **6544 Berthold Ave**

15.

FILED **11** 19 **Max C Starker**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 13 1930**
 17. I HEREBY CERTIFY, That I attended deceased from **11:13:30** 19... to **11:13:30** 19... that I last saw him alive on **11:13:30** 19... and that death occurred, on the date stated above, at **2: P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis.

CONTRIBUTORY (SECONDARY) **JWB**
 (duration) **1 yr 10 mos**

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.....

11/13 1930 (Signed) **M. G. Wood** M. D.
 (Address) **1005 McCausland**

*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

Calvary Cem. DATE OF BURIAL **11/15 1930**

20. UNDERTAKER

Ziegenhein Bros. 2623 Leishue
 ADDRESS

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.

