

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

Do not use this space.

2823

PLACE OF DEATH

County St. Louis
Township Central
City Clayton (No. 69 Arundel St.)

Registration District No. 790
Primary Registration District No. 6033

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

August H. Witte
(a) Residence. No. 69 Arundel St. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lessette Witte</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 23, 1850</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>2</u>
		DAY
		<u>13</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Printer 19</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Vice President R.V. Studley Printing Co</u>		
(c) Name of employer _____		

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

10. NAME OF FATHER <u>George F Witte</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Lessette A. Witte
(Address) 69 Arundel St.

15. FILED Jan 6, 1931 R. W. Dullman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-5 1931

17. I HEREBY CERTIFY, That I attended deceased from 3 Jan, 1930 to Jan - 5, 1930 that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4:40 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute - infarction
of
myocard
1930
(duration) _____ yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) myocarditis
(duration) _____ yrs. mos. 2 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? Physical of heart
(Signed) J. H. Hale, M. D.
.19 (Address) Roosevelt Bridge

*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 <u>Oak Grove Mausoleum</u>	DATE OF BURIAL <u>1-8</u> 19 <u>31</u>
20. URBERTAKER <u>Krueyshauser & Co.</u>	ADDRESS <u>4220</u> <u>St. Kingish St.</u>

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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7
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