

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

Do not use this space.

26955

1. PLACE OF DEATH
 County Christian Hospital Registration District No. 781
 Township _____ Primary Registration District No. 1008
 City St. Louis, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Baby (Boy) Wittneber (Newborn)
 (a) Residence, No. 5409 Plover Ave. St. 7 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1931</u> | | |
| 7. AGE | YEARS | MONTHS |
| <u>Newborn Baby</u> | | DAYS |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | IF LESS than 1 day, 5 hrs. or min. |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u> | | |
| 13. NAME <u>Wm Wittneber</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u> | | |
| 15. MAIDEN NAME <u>Mamie Foster</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u> | | |
| 17. INFORMANT (ADDRESS) <u>Wm Wittneber 5409 Plover Ave.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friedens Cemetery</u> DATE <u>July 25, 1931</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Math Hermann & Son 216 E. 3rd St.</u> | | |
| 20. FILED <u>11 25</u> 19 <u>31</u> <u>M. C. Starnes</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24-1931

22. I HEREBY CERTIFY, That I attended deceased from 7-24-, 1931, to 7-24-, 1931. I last saw him alive on 7-24-, 1931. Death is said to have occurred on the date stated above, at 2:15 P.M.. The principal cause of death and related causes of importance were as follows:
apoplexy due to
arterio sclerosis &
cardiac weakness.
 Date of onset _____

1617
 Other contributory causes of importance:
1617

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. P. Ryan _____, M. D.
 (Address) 607 N. Grand St.

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.

