

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

Do not use this space.

29334

1. PLACE OF DEATH

County St. Louis

Township CARONDELL

City (No. 129 East Cleveland)

Registration District No. 1123

Primary Registration District No. 6248 E

File No. _____

Registered No. 294

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

St. _____

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 Rosile Wittmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1856

7. AGE YEARS 75 MONTHS 3 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lorraine France

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT (ADDRESS) Rosile Wittmann 129 E. Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cem. DATE Aug 10, 1931

19. UNDERTAKER (ADDRESS) W. Hoffmeister & Co. 1078 1/2 Broadway

20. FILED Aug 9, 1931 L. C. Obrock Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1931, to Aug 7, 1931. I last saw him alive on Aug 7, 1931. Death is said to have occurred on the date stated above, at _____ A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
106 B
102 106 B
Other contributory causes of importance: Smility

Date of onset 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) W. H. Tette, M. D.
(Address) 9439 Edgemoor Ave

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.

