

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

Do not use this space.

2995

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 100B
 City St. Louis (No. City Hospital) St. Ward)

2. FULL NAME

16624 Anna Wittke
 (a) Residence, No. 1420 So. Balway St. 23 Ward, 23
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22 - 1878
 7. AGE YEARS 83 MONTHS 5 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1930 126
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joe Mattacker
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

MOTHER 15. MAIDEN NAME Annie Wittma
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Hospital information

17. INFORMANT (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Jan. 25 1932

19. UNDERTAKER (ADDRESS) Washn - Madison Co. R. 2

20. FILED Jan 22 1932 Max C. Farley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22nd 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 31st 1931 to Jan. 22nd 1932
 I last saw her alive on Jan. 22nd 1932 Death is said to have occurred on the date stated above, at 2:25am m.
 The principal cause of death and related causes of importance were as follows:

Thrombosis of Pulmonary Artery
Chr. Myocarditis
 Other contributory causes of importance: Chr. Cholecystitis & Cholelithiasis
 Date of onset 1

Name of operation None Date of Jan 22 1932
 What test confirmed diagnosis Cholec. Was there an autopsy? Yes

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) Max C. Farley M. D.
 (Address) City Hospital

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.

Wetter