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.

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

Do not use this space.

33609

File No. 8875

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 19 ..... Registration No. 1932

Township ..... Primary Registration District No. 1932

City St. Louis (No. 4059 Rosbury Ave. St. ..... Ward)

2. FULL NAME Edward J. Wittich

(a) Residence, No. 4059 Rosbury Ave. St. 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma S. Wittich (Roll)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor 2-79

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) St. Louis Mo

FATHER

13. NAME John Wittich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Mrs. Emma S. Wittich 4059 Rosbury Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Sperling DATE Oct. 6, 1932

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 3141 East Fair Ave.

20. FILED OCT. 5 1932, 19 Max E. Starkloff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:45 p. m.

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

	Date of onset
Carcinoma of Colon and Liver	
Primary seat in Colon	
over 2 yrs. standing	

Other contributory causes of importance:

Name of operation Entero Colostomy Date of 7-18-30

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? .....

If so, specify .....

(Signed) J. L. Marder, M. D.

(Address) 9155 N. Vandeventer Ave