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.

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No. 3529
Township Central — Primary Registration District No. 1003 — Registered No. 15
City St Louis (No. St. Mary Hospital St. Ward)

2. FULL NAME Josephine M. Witte
(a) Residence, No. 2711 Dalton St., 3 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: Female
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: Alexander A Witte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5 - 1868

7. AGE: YEARS 65 — MONTHS 8 — DAYS 10 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): Nov 17-33
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: Theodore Uhrig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mary Goebels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Alexander A Witte 2711 Dalton Ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery Cemetery DATE Jan 19 1933

19. UNDERTAKER (ADDRESS): J H Gebhardt 2630 Gravois

20. FILED 2 6 1934 Gertrude Porter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1934 to Jan 16 1934
I last saw h. W. alive Jan 15 1934. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal Obstruction
Peritonitis
Cancer
Hemorrhage
Gastrotomy

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Autopsy 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) W. Poyhlin, M. D.
(Address) University Club Bldg