

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

Do not use this space.

MAR 24 1934

6195

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles

Registration District No. 757
Primary Registration District No. 3036
(No. 512, 4th St.)

File No. _____
Registered No. 26
St. 1 Ward

2. FULL NAME

(a) Residence, No. 512 4th St. 1 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Witte (decd)</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20, 1862</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>6</u>	DAYS <u>—</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Dec 15, 1933</u>			
11. Total time (years) spent in this occupation <u>50 yrs</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pasadena, Germany</u>				
MOTHER	13. NAME <u>Not known</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Mrs. Bergschneider</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT <u>John Witte</u> (ADDRESS) <u>St. Charles, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John's Cemetery</u> DATE <u>Feb. 23, 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Steinbrinkers</u> <u>St. Charles, Mo</u>				
20. FILED <u>2/23</u> 19 <u>34</u> <u>Clarence D. Fessler</u> Registrar.				

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933 to February 21, 1934
I last saw her alive on February 21, 1934. Death is said to have occurred on the date stated above, at 12:10 A.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset 2/21/34
Chronic Myocarditis July '33

Other contributory causes of importance:
936
111A
13
13

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) B. L. Neubeiser, M. D.
(Address) St. Charles, Mo
2/22/34

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.

