

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **East Route to Wash.**)File No. **14201**Registered No. **3346**

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. **3734 Wisconsin ave 24** St. .... Ward. ....

(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) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 30 1880**7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **53 10 78**8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. **Housework**

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

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) **Austria**13. NAME **Andreas Witkovich**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**15. MAIDEN NAME **Cecilia Hasler**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**17. INFORMANT **Adolph Roth** (ADDRESS) **5242 Washburn ave**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Cem. Washburn Gate**19. UNDERTAKER **Edward Hoch** (ADDRESS) **3514 S. 4th St.**20. FILED **APR 25 1934** **J. Skudeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/1/34**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at **2:00 p.m.**

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

**Sunstroke of head caused by life lived long in the hands of the wife about 2:00 P.M. 4/1/34**

Date of onset

Other contributory causes of importance:

(Name of operation) ..... Date of

What test confirmed diagnosis? ..... 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 **4/1/34**Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. **Public street**Manner of injury **Sunstroke**Nature of injury **wound of head**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Harold O. King**(Address) **Dep. Cor.**

