Wm. Coleman
OCT 28 1935

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

Do not use this space.

30551

1. PLACE OF DEATH
96 County St. Louis Registration District No. 333 File No. 144
3 Township St. Ferdinand Ferguson Town Primary Registration District No. 4468 Registered No. 144
City ~~#2 Florissant~~ (No. #2, Florissant Mo St. Ward)
4

2. FULL NAME Dorothea Louise Litteken
(a) Residence, No. #2 Florissant St., 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 Alphonse Litteken
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 16 - 1912
7. AGE YEARS 23 MONTHS 11 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 1 1/2 yrs.

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

FATHER
13. NAME John G. Schroeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Ida Reidlein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Alphonse Litteken R#2 Florissant, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee Fee Cem DATE Sept 16 1935
19. UNDERTAKER (ADDRESS) Baumann Bros WC Overland Mo
20. FILED 9/16 1935 W. A. Zeitler Registrar.
Per. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 14, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1935, to Sept. 14th, 1935
I last saw her alive on Sept. 14th, 1935. Death is said to have occurred on the date stated above, at 4:A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	8-1-35
Other contributory causes of importance: Acute Endocarditis	9-6-35

Name of operation Date of
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) H. G. Coleman, M. D.
(Address) Pattonville Mo.

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.