

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.

NOV 7 1933

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

Do not use this space.

791
1003

37305

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo. (No. 3326 Vista av.)

File No.
Registered No. 9250
St. Ward

2. FULL NAME

Fred Wittling
(a) Residence, No. 3326 Vista St., 14 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mabel Wittling</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14-1867</u> | | |
| 7. AGE | YEARS <u>68</u> | MONTHS <u>6</u> |
| | DAYS <u>18</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>Painter</u> | |
| | 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) <u>St. Louis Mo</u> | | |
| MOTHER FATHER | 13. NAME <u>H. P. Wittling</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>Johanna Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs. M. Wittling 3326 Vista</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mathew</u> DATE <u>Nov 4</u> 19 <u>33</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>E. J. Schurz 3125 Lafayette Av</u> | | |
| 20. FILED <u>NOV - 4 1933</u> 19 <u>33</u> <u>J. F. Bredeck</u> Registrar. | | |

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 1 1935

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 1:15 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, Chronic Interstitial Nephritis, Arterio sclerosis, Splenitis.

Other contributory causes of importance: 131

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 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) Harold P. Spelling M.D.
(Address) Spelling

CONFIDENTIAL - SECURITY INFORMATION

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]