

**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. **2312**, So. **10th.**) St. **2** Ward

3964

File No.
 Registered No. **1004**

2. FULL NAME **Emma Bittner**

(a) Residence, No. **2312 So. 10th.** St. **23** Ward **1**
 (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 **Married**
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 5, 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 11 15

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. **235**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME **George Hoffman**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Bertha Schaff**

16. BIRTHPLACE (CITY OR TOWN) **Davenport,** (STATE OR COUNTRY) **Ohio**

17. INFORMANT **George Bittner** (ADDRESS) **2312 So. 10th. Street**

18. BURIAL, CREMATION, OR REMOVAL **New St. Marcus Cem. Jan. 23, 1937**

19. UNDERTAKER **Stuch Bros** (ADDRESS) **2201 So. Grand Blvd.**

20. FILED **JAN 22 1937** **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 20,** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **July 5** 19**36**, to **Jan 20** 19**37**
 I last saw h. **in** alive on **Jan 19** 19**37**. Death is said to have occurred on the date stated above, at **5:30 A.M.**

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

Acute Myocarditis **50** **2nd**

Other contributory causes of importance:
Carcinoma of Breast Right

Name of operation **None** 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? **No**
 If so, specify _____

(Signed) **Julius E. Keller** M. D.
 (Address) **2603 Cherokee St.**

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.

Mrs. J. C. Ketter
26039 Cherokee St
12730 - 1 P M.