APR 9 1937

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10171

Township ..... Primary Registration District No. ..... Registered No. 2735

City ST. LOUIS MO. (No. 3508A ARSENAL ST. St. ..... Ward)

2. FULL NAME PAULINA WITTMANN

(a) Residence, No. 3508A ARSENAL 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: A. G. WITTMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 15 - 1859

7. AGE: 77 YEARS ~~78~~ MONTHS 11 DAYS 21 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

FATHER
13. NAME: FREDRICK BRUCKHAUS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: WILHELMENIA UNK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): A. G. WITTMANN, 3508A ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE: SS P. + PAUL CEM. DATE: MARCH 10 1937

19. UNDERTAKER (ADDRESS): E. J. Schnur, 3105 Lafayette av.

20. FILED MAR 10 1937, 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 8, 1937

I last saw her alive on March 8, 1937. Death is said to have occurred on the date stated above, at 2:30 A.m.

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

	Date of onset
Hypertensive Cardio-vascular Disease	3/1/36

Other contributory causes of importance: 95

Name of operation ..... 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) Edw. Wagerman, M. D.

(Address) 2924 S Grand Av

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.

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See affidavit in misc file W - # 17 - 1937