MAY 7 1937

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

Do not use this space.

File No. 14875

Registered No. 38875

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 733 So. Newstead Ave. St. ..... Ward)

2. FULL NAME Julia Wittmann

(a) Residence, No. 733 So. Newstead Ave. St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

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

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) Illinois

FATHER

13. NAME George Keim

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Barbara Grief

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Geo. Fisher
(ADDRESS) 5037 A Oleatha Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann Mo. DATE 4-13 1937

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4104 Manchester Ave.

20. APR 12 1937 19 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to April 10 – 1937

I last saw her alive on April 10, 1936. Death is said to have occurred on the date stated above, at 5 P.M.

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

	Date of onset
Chronic Gastro Enteritis	

Other contributory causes of importance:
Chronic Pancreatitis

(no other signs of injury on Body)

Name of operation None Date of .....

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Fall Date of injury 4/6 1937
Where did injury occur? at Home fell out of Bed
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Fracture of 6th Rib & Side
Manner of injury Fracture of 2 Ribs
Nature of injury fell out of Bed at Home

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Blindness & Gen Poly was bed

(Signed) D. M. F. Plaisance, M. D.
(Address) 2743 N Grand

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.

M.F. Harmon
Grand & St.Louis Ave.
9 30 811 HM