

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County

Registration District No.

791

File No.

18822

Township

Primary Registration District No.

1003

Registered No.

5398

City

ST. LOUIS MO. (No. ST. JOHN'S HOSPITAL, St. Ward)

2. FULL NAME

EDWARD WITTKOPF

(a) Residence, No.

5608 NOTTINGHAM, 14 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE
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 MILDRED WITTKOPF.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 2-1875

7. AGE YEARS 61 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.

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

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

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

13. NAME AUGUST WITTKOPF

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

15. MAIDEN NAME WILHELMENA UNK.

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

17. INFORMANT MILDRED WITTKOPF (ADDRESS) 5608 NOTTINGHAM AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA CREMATORY DATE JUNE 1, 1937

19. UNDERTAKER E. J. Schuur (ADDRESS) 3125 Lafayette Av.

20. FILE MAY 31 1937 J. Bredbeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 28 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1937 to 5/27 1937. I last saw him alive on 5/27 1937. Death is said to have occurred on the date stated above, at 3:29 p.m.

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

Multiple Sarcocoma of Lung
Secondary to Sarcocoma of Left Leg. Amputated about 1 year ago.
None other contributory causes of importance.

Name of operation
What test confirmed diagnosis? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) Geo J. McKean, M.D.

(Address) 5/30/37 / 1006 So Jefferson

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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