

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.

AUG - 5 1937

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

Do not use this space.

25719

1. PLACE OF DEATH

County
Township
City St. Louis, Mo (No.)

Registration District No. 791
Primary Registration District No. Barnes Hospital 1008

File No.
Registered No. 6893
St. Ward)

2. FULL NAME

Theodore Burttschi

(a) Residence, No. 903-18th St. M.R. Ward. Vandalia, Illinois
(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 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 Mary Burttschi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>1</u>	<u>23</u>	

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

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) Switzerland

13. NAME Daniel Burttschi

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

15. MAIDEN NAME Francisca Voegtle

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

17. INFORMANT (ADDRESS) Don Burttschi Vandalia, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia, Ill. DATE July 20th, 1937

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc. 429 N. Euclid, St. Louis

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-37

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1937, to 7-17, 1937

I last saw him alive on 7-17-37 Death is said to have occurred on the date stated above, at 3 p.m.

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

Syphilis of Central Nervous System
Syphilitic Aortitis
Bronchopneumonia

Date of onset
<u>?</u>
<u>?</u>
<u>?</u>
<u>7-15-37</u>

Other contributory causes of importance: AK

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) Russell, M. D.
(Address)

