

REC'D MAR 14 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
10035227
Do not use this space.

1872

1. PLACE OF DEATH

- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No..... Registered No.
- (c) City St. Louis Mo. (d) Street No. 3214 A S Dakota Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Annie Weitrig 362
- (a) Residence, No. 3214 A S Dakota Ave. St. 15 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16 1862</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>10</u>	DAYS <u>6</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>At Home</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>New York City N.Y.</u>
	13. NAME	<u>Carl Hoffmann</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>

17. INFORMANT (ADDRESS) Mrs Walter J Brownfield 3214 A S Dakota

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun Set Park DATE Feb 25 1938

19. FUNERAL DIRECTOR (ADDRESS) Thos Kutis 2906 Gravois Ave.

20. FILED FEB 23 1938 J T Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1938
St. P. Powell
22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Feb 1 1938
 I last saw her alive on 2-20 1938 Death is said to have occurred on the date stated above, at 9:30 A. m.

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

Myocarditis Acute Date of onset 1936
caused by chronic myocarditis

Other contributory causes of importance:

Arteriosclerosis 2

Name of operation..... Date of.....
 What test confirmed diagnosis? No Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury....., 19.....
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... None
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify. Yes
 (Signed) St P W Powell, M. D.
 (Address) 2531 S. 64th St

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS.

L. E. 1619

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Thos. Kutis

Licensed Embalmer No. 1619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)