REC'D AUG 12 1938

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

23516
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6210

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. City Sanitarium 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 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Wittgrove 3926

(a) Residence, No. 6906 Rhames St. 4
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Vera Harris Wittgrove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-10-1876

7. AGE: Years 61 | Months 8 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as saw mill, bank, etc.: House Painter
10. Date deceased last worked at this occupation (month and year): 1929
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schlesberg Germany b

FATHER
13. NAME: Sam Wittgrove b
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany b

MOTHER
15. MAIDEN NAME: Mary Fensko
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): John B. Varner, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE July 10 38

19. FUNERAL DIRECTOR (NAME) Jay B. Smith (ADDRESS) 7456 Manchester

20. FILED JUL 12 1938, 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 7-10-38, 19. I last saw him alive on 7-10-38, 19. Death is said to have occurred on the date stated above, at 4:20 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	7-6-38

Other contributory causes of importance:

Chronic Myocarditis	7-1-38x
C.N.S. Syphilis	7-1-38x

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) John B Varner, M. D.
(Address) 5400 Arsenal

Licensed Embalmer's Statement on Reverse Side)

N. B.—Everyone of the above items must be answered, or the certificate will be returned. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, myself

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed H C Burgess

Licensed Embalmer No. 4029

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.