

REC'D AUG 9 1938

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

Do not use this space.

26496

1. PLACE OF DEATH

County St. Louis

Township

City Richmond HeightsRegistration District No. 784Primary Registration District No. 111(No. St. Mary's Hospital)

File No.

Registered No. 1240

St. _____ Ward)

2. FULL NAME Charles Wittenberg(a) Residence, No. 1715 Del Norte St. _____ Ward.

(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 (Use the word) Married

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

Clara A.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1882

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

55 8 4

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

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) St. Louis Mo.

13. NAME Paul Wittenberg

14. BIRTHPLACE (CITY OR TOWN) Germany

15. MAIDEN NAME Amelia Gerlach

16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.

17. INFORMANT Clara Wittenberg
(ADDRESS) 1715 Del Norte

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset DATE 7-25, 1938

19. UNDERTAKER Hacker-Helderle
(ADDRESS) 2331 S B'way

20. FILE JUL 23 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jun 20, 1938, to July 27, 1938I last saw him alive on July 27, 1938 Death is saidto have occurred on the date stated above, at 10 a m.

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

Intestinal Obstruction Date of onset

Other contributory causes of importance:

Acute MyocarditisName of operation Int. Obstruction Date of Jun 27What test confirmed diagnosis? Cloned Was there an autopsy? no

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? _____

(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) Clara Wittenberg M. D.(Address) Humboldt Bldg

92w

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26496
Do not use this space.

1. PLACE OF DEATH *St. Louis*
 (a) County *St. Louis* Registration District No. *784*
 (b) Township *Rich Pfts* Primary Registration District No. *111* Registered No. *1243*
 (c) City *Rich Pfts* (d) Street No. _____ 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 *Charles Wittenberg*
 (a) Residence, No. _____ St. (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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 8 4

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER

13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-22*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction
adhesion at site of
old hernia operation.
 Date of onset _____

Other contributory causes of importance:
acute myo-carditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *L. A. Wilby*, M. D.
 (Address) *Rich Pfts mo*

SUPPLEMENT

Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

