LEG DEC 12 193

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37211
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9538

(c) City St. Louis, (d) Street No. Alexian Bros. Hospital 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 Norbert S. Witte

(a) Residence, No. 5168 Goethe Ave. St. 2
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1906.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	--	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Time Keeper.

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) St. Louis, Mo. O.

FATHER

13. NAME Henry J. Witte.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. O

MOTHER

15. MAIDEN NAME Helen J. ~~Linz~~ LINZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. O

17. INFORMANT Julia S. Witte
(ADDRESS) 5168 Goethe Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter and Paul DATE Nov. 4, 1938.

19. FUNERAL DIRECTOR (NAME) J H Gebken & Co
(ADDRESS) 2630 Gravois Ave.

20. DATE NOV 2 1938 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938 to Nov 1, 1938
I last saw him alive on October 31, 1938 Death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	Aug 15 '38
(Acute Exacerbation)	
Other contributory causes of importance:	
Bilateral Pulmonary Oedema	1 day
Uraemia	2 days

Name of operation None Date of
What test confirmed diagnosis Clin Exam 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? No
If so, specify

(Signed) J. P. Kenny, M. D.
(Address) 2730 McNair Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

Herman A. Gebken, or by .....

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

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

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

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