REC'D JAN 11 1939

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

41569
Do not use this space.

791
1003
11261

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 2160 Salisbury 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 314b Sophie E. Wittler

(a) Residence, No. 2160 Salisbury St. 20
(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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 · 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	1	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework.
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) St. Louis, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME Mr. Rehling
14. BIRTHPLACE (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

MOTHER

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

17. INFORMANT Mrs. Henrietta Schneider
(ADDRESS)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St. John's Cemetery DATE Jan. 2, 1939

19. FUNERAL DIRECTOR (NAME) Wm. H. Schumacher
(ADDRESS) 4834 Natural Bridge

20. FILED DEC 30 1938 J. F. Breeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1938, to Dec. 29, 1938
I last saw her alive on Dec. 29, 1938. Death is said to have occurred on the date stated above, at 7:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	

Other contributory causes of importance:
Chr. Interstitial Nephritis

Name of operation Date of
What test confirmed diagnosis? Clinical 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? No.
If so, specify
(Signed) Arthur H. de Massy, M. D.
(Address) 4046 N. Grand Blv.

(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.

4046 N. Broadway

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, ...

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

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

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

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.)

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