

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

16981
 Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **4515**
 (c) City **ST. LOUIS** (d) Street No. **5182 VERNON 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 **351 HENRIETTA WITTENBEN**

(a) Residence, No. **5182 Vernon Ave. St.** (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 **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **DIVORCED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 6, 1852**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
87 1 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **AT HOME**
 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) **GERMANY**

FATHER 13. NAME **DONT KNOW**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER 15. MAIDEN NAME **DONT KNOW**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **DONT KNOW**

17. INFORMANT (ADDRESS) **JOHANNA NISSING 5182 VERNON AVE.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WRIGHT CITY MO** DATE **MAY 17 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **ARTHUR J. CONNELLY 3840 LINDELE BLVD.**

20. DATE OF DEATH **MAY 17 1939** Local Registrar **J. F. Brueck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May - 16 1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 14th 1939 to May 15th 1939**
 I last saw him alive on **May 15 1939** Death is said to have occurred on the date stated above, at **11, 30 A.M.**

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

Semide Rth. 92a
Chc. Endocarditis (Rheum)

Other contributory causes of importance:

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 **J. M. O'Leary** (Signed) M. D.

(Address) **5728 Vernon Ave.**

*Dr. [unclear]
5228 [unclear]*

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 *Alfred J. Boldet*
Licensed Embalmer No. *2663*
P. O. Address *4204 Prairie*

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.