

81-1-1940  
-11-10-39  
-5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3789

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 218

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Pine Lawn  
(c) Name of hospital or institution:  
3911 Philbrook  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Pine Lawn  
(If outside city or town limit: write "RURAL")  
(d) Street No. 3911 Philbrook  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Christine Mary Wittling  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 30  
year 1940 hour 5:15 minute P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Herman Wittling  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 19 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1937 to Jan. 30, 1940  
that I last saw her alive on Jan. 30, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 4 11 hr. \_\_\_\_\_ min.

Immediate cause of death  
Cerebral apoplexy Duration 4 days  
Due to Arteriosclerosis 2 yrs.  
Due to Hypertension of B.C. 3 yrs.  
Other conditions Chronic myocarditis 3 yrs.  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

PHYSICIAN  
Major findings:  
Of operations None  
Of autopsy None  
Underline the cause to which death should be charged statistically.

MOTHER, FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Frank Pieper  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Gertrude Koester  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Haemmerle  
(b) Address 3911 Philbrook Ave.  
17. (a) Burial (b) Date thereof 2-2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director W. A. Smith  
(b) Address 2117 E. Grand Blvd.  
19. (a) FEB 1 1940 (b) DR. Mery...  
(Date received local registrar) (Registrar's signature)

23. Signature Thos. J. Harlow (M. D. or other) M.P.  
Address 1917 Belmont Date signed 1/31/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. Thos. J. Handover.  
1900 "Belt Ave."  
Ev. 0168 Res. Ca. 6907R.  
7-9-

**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 Frank A. Moore  
Licensed Embalmer No. 3041  
P. O. Address 2117 F Street

**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.