

FILED MAY 17 1940

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

14817

Do not use this space.

## 1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303  
(b) Township 0 Primary Registration District No. 4182 Registered No. \_\_\_\_\_  
(c) City Hermann (d) Street No. 111 W. Third 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HENRIETTA K. WITTHAUS

(a) Residence, No. 111 W. Third St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HWF  
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) 1/40  
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Frank Dallmeyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unkown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. G. Borderhase  
(ADDRESS) Hermann, MO18. BURIAL, CREMATION, OR REMOVAL PLACE Berger St. Johns Cem DATE 5/7/4019. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman Blumer  
Hermann, MO20. FILED 5-7, 1940 Anna K. Rialoff  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1940 to May 4, 1940, 1940.  
I last saw her alive on May 4, 1940, 1940. Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. Messing, M. D.  
(Address) Hermann, MO.

**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 *J. H. Blum*

Licensed Embalmer No. *3160*

P. O. Address *Hermann*

**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.**