

FILED APR 13 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

9418
State File No. _____
Registrar's No. 2643

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3827 Koscuisko St.
(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

3. (a) PRINT FULL NAME LOUISE WITTENBROCK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Wittenbrock 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 2, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 20 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Niermann
13. Birthplace Don't Know _____
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Maier
(b) Address 3827 Koscuisko St.

17. (a) Burial (b) Date thereof March 25/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Weick Bros. Fun. Co.

(b) Address 2201 S. Grand Bl.

19. (a) MAR 24 1942 (b) J. F. Probst
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3827 Koscuisko St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1930
_____ 19 _____ to _____ 19 42

that I last saw her alive on March 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to High Blood pressure

Due to Atherosclerosis

Other conditions Chronic Interstitial

(Include pregnancy within 3 months of death)

Nephritis

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. B. Judge (M.D. or other) DC

Address 6419 1/2 Ave. Date signed 3-24-42

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

10-12
6419
H. B. Pringle
Jurgensen

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 R. 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, fact should be so stated above.