

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

Registration District No. 318

Primary Registration District No. 1003

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:
4931 Lindell Blvd
(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 Johanna Gaebler Wittich

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert J. Wittich 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. August 16, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 28 br. _____ mn.

9. Birthplace Herman Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Ernst Gaebler
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Senn
 15. Birthplace N. J.
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Wittich
 (b) Address 4931 Lindell Blvd

17. (a) Burial (b) Date thereof 8/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Jack Cemetery

18. (a) Signature of funeral director Chas. J. Kron Funeral Home
 (b) Address 4911 Washington Blvd

19. (a) AUG 13 1943 (b) J. F. Breese
(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. 4931 Lindell Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day August
 year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from July 31, 1943, to Aug. 13, 1943.
 that I last saw her alive on Aug. 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Infarction Duration 36 hrs.

Due to Coronary Arteriosclerosis

Due to _____

Other conditions Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature Hiram L. Huggins (M. D. or other) MD
 Address 3720 Washington Blvd Date signed 8/13/43

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V.S.N.

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 Thomas R. Demwick

Licensed Embalmer No. 3793

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.