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.

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 2974
Township Central — Primary Registration District No. 6033 — Registered No. 16
City ..... (No. 6570 Curtis Pl. St. ..... Ward)

2. FULL NAME William Tittgemeyer
(a) Residence, No. 6570 Curtis Pl. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1865
7. AGE: 71 YEARS — MONTHS: 7 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yardman 287
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Planing Mill
10. Date deceased last worked at this occupation (month and year) Jany. 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Ernest Tittgemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Margaret Brakseiker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Elsie Bartling 6570 Curtis Pl.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Zions Cem. DATE Jan. 16 '37
19. UNDERTAKER (ADDRESS) Kraeger-Voss-Fix Inc 3402 No. Kingshighway
20. FILED 1-15- 1937 H. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 - 1937
22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1937, to Jan 14 - 1937
I last saw him alive on Jan 14 - 1937. Death is said to have occurred on the date stated above, at 10:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-Pneumonia (acute)	
Other contributory causes of importance:	
Chronic Myo-Cardetis	

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical 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. Roy Lampton, M. D.
(Address) 6122 Page