

REC'D DEC 12 1938

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

37653

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township *St Louis* Primary Registration District No. **1008** Registered No. **9960**
 (c) City *St Louis* (d) Street No. *DeLuage Hospital* 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *2325 Ecoff* St. **3** *St Louis MO*
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John P. Wiott*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 31-1860*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewack*
 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)
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov - 17 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *11/16/38*, 19, to *11-17-38*, 19.
 I last saw her alive on *11-17-38*, 19. Death is said to have occurred on the date stated above, at *12:30 a.m.*
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Pneumococcus Type III)
95 B 2
 Date of onset *11-15-38*
 Other contributory causes of importance:
arteriosclerosis heart disease
concurrent tuberculosis
Unintentional

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arkansas*
 FATHER 13. NAME *Gottlieb Leeg*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 6*
 MOTHER 15. MAIDEN NAME *Nancy Ellis*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *South Carolina*
 17. INFORMANT (ADDRESS) *John P. Wiott 2325 Ecoff*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Hill* DATE *11-19 1938*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Louis H. Bopp Ruckard 226*
 20. FILER *Nov 19 1938* *Jet Bredeck Local Registrar*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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?
 If so, specify.....
 (Signed) *W. O. Brown*, M. D.
 (Address) *DeLuage Hosp*

9880

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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,

John M Meyer, or by,
Registered Apprentice No., working under my personal supervision.

Signed *John M Meyer*
Licensed Embalmer No. *3285*
P. O. Address *Hickmanwood*

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.