

DECD MAY 18 1939

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

14825
Do not use this space.

1. PLACE OF DEATH

(a) County Daseuse Registration District No. 303
 (b) Township _____ Primary Registration District No. 4182 Registered No. _____
 (c) City Hermann (d) Street No. _____ 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

355 Catherine Wittmann
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) 3
 (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 Louis Wittmann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1853
 7. AGE YEARS 85 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 13. NAME Geo. Kime
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Catherine Graepmichel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs. Frank Kloss
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann DATE 4/14/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. K. Rieckhoff
 20. FILED 4-15 1939 Anna K. Rieckhoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12 1939
 22. I HEREBY CERTIFY, that I attended deceased from Apr. 3 1939, to Apr. 11 1939
 I last saw him alive on Apr. 12 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
 Date of onset _____
 Other contributory causes of importance: Sentility
 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) Edward Workman M. D.
Hermann Mo (Address)

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.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed J. Ruelique

Licensed Embalmer No. 2044

P. O. Address

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.