

FILED JUN 24 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10376

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1310 S. 10th 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 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 22 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 S. 10. Str. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country _____

3. (a) PRINT FULL NAME Frances Wittenauer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid, 2
6. (b) Name of husband or wife Primus Wittenauer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 28 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>11</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Hoff
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Summres

(b) Address 1310 S. 10 Str.

17. (a) Burial (b) Date thereof 12/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director W. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) DEC 30 1941 (b) J. F. Prebeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29 75
year 1941 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 12
1941 to Dec 27 1941
that I last saw her alive on Dec 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 7 yr
Duration

Due to _____

Due to _____

Other conditions 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? _____

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

23. Signature Jones Bauer (M. D. or other) _____

Address 1034 Monum Date signed 12/29/41

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.....

Ray C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.