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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1164

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. **716**

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:
1903 Hebert St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 87 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Lena Wittbrodt

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced Singel

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

7. Birth date of deceased Oct 31 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 21 If less than one day hr. min.

9. Birthplace St.. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Peter H. Wittbrodt

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Rehg

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Gus. Wittbrodt

(b) Address 1903 Hebert St.

17. (a) Burial (b) Date thereof 1-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2228 St. Louis Ave

19. (a) JAN 24 1944 (Date received local registrar) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1903 Hebert St..
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd
year 1944 hour 2:00 minute AM. M.

21. I hereby certify that I attended the deceased from Jan 10 to Jan 22 1944
that I last saw her alive on Jan 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 10 hrs

Due to 83

Due to Senility

Other conditions Senility
(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 _____
Signature [Signature] (M. D. or other)
Address 1875 Madison Date signed 1/23/44

THIS IS TO MAKE A PERMANENT RECORD

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..... *John P. Buckley*.....

Licensed Embalmer No..... *81674*.....

P. O. Address..... *2223 So. Main*.....

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.