

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.

MAR 12 1936

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

Do not use this space.

8348

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

Mr. Louis

(No. 6221)

791

1003

File No.....

2028

Registered No.....

St.

Ward)

2. FULL NAME

(a) Residence No.....

(Usual place of abode)

6221 Wanda

St. 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widow**

SA. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

George Best

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE **83** YEARS **9** MONTHS **24** DAYS **24** If LESS than 1 day, hrs. or mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**

9. Industry or business in which work was done, as silk mill, 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)

13. NAME **August Wittenbacher**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME **Johanna Otto**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT **Augusta Leibnach** (ADDRESS) **6221 Wanda St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Mo. Crematory** DATE **2-25-36**

19. UNDERTAKER (ADDRESS)

Witt Bldg. lot N.C. 2929 Jefferson Av.

20. FILED

19

Registrar.

FEB 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 22 1936**

22. I HEREBY CERTIFY, That I attended deceased from **18-26 1935**, to **Feb 22 1936**. I last saw her alive on **Feb 20 1936**. Death is said to have occurred on the date stated above, at **7 A.M.** The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset **20-36**

septic

Pyrexia

Adolesc of abdominal

Cause unknown **12-20-36**

Other contributory causes of importance:

129

Name of operation **Drainage Abdomen** Date of **12-28-36**

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? **no** If so, specify _____

(Signed) **Burchard S. Prentiss**, M. D.

(Address) **6006 Virginia Avenue**