

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

32263
Do not use this space.

OCT 14 1937

2
1

791
1003

8317

1. PLACE OF DEATH

(a) County..... Registration District No. 1003
(b) Township..... Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. 2132a Allen Ave. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William J. Wotawa

(a) Residence, No. 2132a Allen Ave. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Wotawa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
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) retired 2yrs 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME William Wotawa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

15. MAIDEN NAME Kate Broz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

17. INFORMANT Mary Wotawa (ADDRESS) 2132a Allen Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Sept. 4, 1937

19. FUNERAL DIRECTOR (ADDRESS) John C. Maydell 1926 Allen Ave.

20. FILED 19 SEP 9 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1937, to Sept 1, 1937.
I last saw him alive on Sept 1, 1937. Death is said to have occurred on the date stated above, at 11:55p
The principal cause of death and related causes of importance were as follows:

100
Sanguine foot
Result of varicose vein 25 days
Date of onset

Other contributory causes of importance:
Death Myocarditis 10 days
Resulting from Sanguine

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?.....
If so, specify.....
(Signed) Albert F. Brown M. D.
(Address) 1841 1/2th

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Wm. C. Moydell

Licensed Embalmer No. 1467

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.)