

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9213

Registration District No. 7917

Primary Registration District No. 1003

Registrar's No. 2696

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4633 FARLIN AVE.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ?
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME JOHN WITZL

8. (b) If veteran, name war _____ 8. (c) Social Security No. 489-03-2179

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife HERMINA WITZL 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased DEC. 18 - 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 3 hr. _____ min.

9. Birthplace ST. LOUIS - Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation MACHINE HAND.

11. Industry or business FURNITURE MFG.

MOTHER FATHER
 12. Name ADAM WITZL
 13. Birthplace _____ GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name DENA (UNKNOWN)
 15. Birthplace _____ GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Herminia Witzl
 (b) Address 4633 Farlin Ave

17. (a) Burial (b) Date thereof Mar. 25, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Mr. M. Schumacher
 (b) Address 4834 Natural Bridge

19. (a) MAR 22 1940 (b) J. J. [Signature]
 (Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4633 FARLIN AVE.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21
 year 1940 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from FEB 11 - 1940
March 21, 1940, 19____;
 that I last saw him alive on March 19, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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 Harold Beahy, M.D. (M. D. or other)
 Address 2739 7. Grand Ave Date signed 3/22/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.