

S. No. 2  
M-5-42  
7-5-17-39  
PI X22873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36063

Filed NOV 23 1942 818

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9382

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3325 Montgomery  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs.  
(Specify whether years, months or days)

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. 3325 Montgomery  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Stanislaus Woitzikowski

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Augusta

6. (c) Age of husband or wife if alive .....

7. Birth date of deceased April 13, 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>6</u>	<u>19</u>	hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown

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

14. Maiden name unknown

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

16. (a) Informant .....

(b) Address .....

17. (a) Cremation (b) Date thereof 11-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) NOV 10 1942 (b) J. S. Probst  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 2  
year 1942 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from .....

....., 19....., to .....

that I last saw h..... alive on .....

and that death occurred on the date and hour stated above.

Immediate cause of death .....

Coronary Sclerosis

Due to Arteriosclerosis

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

23. Signature W. J. Perry (M. D. or other) .....

Address St. Louis Date signed 11-7-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**