

FD MAR 20 1943 **818**

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **2195**

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:  
**3057 Bayard Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... **59 Years** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Emma Witzl**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widowed **Divorced Widowed**

6. (b) Name of husband or wife..... **Late August Witzl** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **February 23 1883**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60 0 12** ..hr. min.

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

10. Usual occupation **Housework**

11. Industry or business.....

12. Name..... **John Finnern**

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

14. Maiden name..... **Emma Eilers**

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

16. (a) Informant..... **Christine Pepmiller**

(b) Address..... **3057 Bayard Ave.**

17. (a) **Burial** (b) Date thereof..... **3-8-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cem.**

18. (a) Signature of funeral director..... **Hv. Leidner Und. Co.**

(b) Address..... **2223 St. Louis Ave.**

19. (a) **MAR 8 1943** **J. F. Bredeck**  
(Date received local registrar) (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. **3057 Bayard Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5**  
year **1943** hour **11:50 A.M.** minute..... M.

21. I hereby certify that I attended the deceased from **2-20** 19**43** to **3-5** 19**43**  
that I last saw h. **er** alive on **3-4** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Intestinal obstruction** **2 Da**

Due to **Carcinoma of Rectum** ?

Due to **Carcinoma of liver** ?

Other conditions..... **Carcinoma of uterus** ?  
(Include pregnancy within 3 months of death)

Major findings: **Primary in uterus** **PHYSICIAN**  
Of operations.....

Of autopsy..... **NO**  
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) (c) Means of injury.....

23. Signature..... **Paul O. Neuman** (M. D. or other) **mi**  
Address..... **4356 Marne** Date signed **3/6/43**

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

MOTHER FATHER

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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.

Signed.....

*John P. Bushboly*

Licensed Embalmer No.....

*1674*

P. O. Address.....

*2223 St. Louis Ave*

**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.**