

FILED DEC 9 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

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: The Isolation Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11-5-1943 to 11-23-1943  
(Specify whether In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME ALBERT WITZIG

8. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 0 6. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Witzig 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June June 1910 (Month) (Day) (Year) 1895

8. AGE: Years 48 Months 5 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation Paper Hanger

11. Industry or business

12. Name ARNOLD WITZIG  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) GERMANY 4  
14. Maiden name CATHERINE BAUER  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) FRANCE 5

16. (a) Informant Edith V. Minor  
(b) Address 5600 Arsenal Street

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov 27 '43 (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem. St. Louis

18. (a) Signature of funeral director Max Well  
(b) Address 4355 Washington Ave.

19. (a) NOV 27 1943 (b) J. F. Bradock (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 limit, write "RURAL")  
(d) Street No. 3017A-North Jefferson (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23 year 1943 hour 12 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11-5-1943 to 11-23-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Terminal bronchopneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy as given above

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 Max Well (M. D. or other) \_\_\_\_\_  
Address 5600 Arsenal St. Date signed 11-24-43

9/13

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10388  
88801

10388  
88801

157

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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 William J. Dixon

Licensed Embalmer No. 4319

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.**