

LED DEC 4 1943

State File No.

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2606

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
929 DeMun 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
 (c) City or town Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 929 DeMun Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Joseph Wotka

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Thomas Wotka 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 12, 1884
 (Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baker

11. Industry or business Food proprietor of shop

12. Name Antoine Wotka

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

14. Maiden name _____

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

16. (a) Informant Thomas Wotka, Jr.

(b) Address 6403 Clayton Rd.

17. (a) Burial (b) Date thereof 11/25/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) NOV 26 1943 (b) E. H. McHarran, M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
 year 1943 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 1, 1943, to 11/22/43, 19____;
 that I last saw him alive on 11/20/43, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Obliterative Endarteritis 5 yrs.

Due to _____

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

Major findings:
 Of operations glands

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 Russell (M. D. or other)

Address 3720 Washington Blvd. Date signed 11/23/43

Duration

1 hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....
Licensed Embalmer No.....
P. O. Address.....

WEST O I A W

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.