

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4702 ARSENAL 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4702 ARSENAL 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph M. WOTAWA

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 29 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation RETIRED GROCER

11. Industry or business _____

12. Name Joseph WOTAWA

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

14. Maiden name Anna Anockosky

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

16. (a) Informant Joseph G. WOTAWA

(b) Address 4110 S. GOMPTON

17. (a) BURIAL (b) Date thereof OCT. 15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL CEM.

18. (a) Signature of funeral director Thomas Kutler & Son

(b) Address 2906 GRAYLIS

19. (a) OCT 14 1947 (Date received local registrar) J. J. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 17
year 1947 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 1942 to Oct 17 1947

that I last saw him alive on OCT 10 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration few hours

Due to Cardio-vascular renal sym. drunk @ Hypertension & arterio-sclerosis. Several years

Other conditions _____ (Include pregnancy within 3 months of death) 131

Major findings: Of operations none

Of autopsy no

PHYSICIAN
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) no

(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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. M. Wotawa M.D. (M. D. or other) _____

Address 3804 Wilming Ln. Av. Date signed 10-13-47

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

MOTHER FATHER

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..... *Walter C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Grand*

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.