

No. 300
-10-47
5-17-39
W I 3906

FILED SEP 24 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis West
(If outside city or town limits, write "RURAL")

(d) Street No. 6325 Theodosia Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH W. WOTAWA SR.

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 Widower

6. (b) Name of husband or wife Barbara Wotawa

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

7. Birth date of deceased March 31-1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Wenceslaus Wotawa

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

14. Maiden name Katherine Broz

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

16. (a) Informant Joseph Wotawa Jr.

(b) Address 6325 Theodosia Avenue

17. (a) Burial (b) Date thereof 9-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director Modelled Hand

(b) Address 1926 Allen Avenue

19. (a) SEP 17 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th
year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from you 1947 to Sept 17 1948
and that death occurred on the date and hour stated above.

that I last saw him alive on Sept 16 1948

Immediate cause of death Chronic myocarditis
chronic nephritis Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 6

23. Signature R. Berg (M. D. or other) _____
Address 3203 S. Han Date signed 9.17.48

me

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.....

..... Me, Registered Apprentice No.....
working under my personal supervision.

Signed *Benj. C. Dorman*
Licensed Embalmer No. 2272
P. O. Address 1926 Allen Avenue

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.