

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016632
State File No.

4437
Registrar's No.

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2029</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY'S Hosp 2</u>		d. STREET ADDRESS (If rural, give location) <u>4769 TERRACE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>J.</u> c. (Last) <u>WOTAWA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 3 1893</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RUBELMANN, HDWR.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN A. WOTAWA</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES SCHOBEL</u>	
14. NAME OF HUSBAND OR WIFE <u>MARIE WOTAWA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-03-5306</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARIE WOTAWA 4769 TERRACE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Perforation esophagus, spontaneous</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>154x</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Abdominoperineal resection</u>	
19a. DATE OF OPERATION <u>4/21/58</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma, rectal</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 15 1958</u> to <u>April 22 1958</u> , that I last saw the deceased alive on <u>April 21 1958</u> and that death occurred at <u>11:40 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Pierce W. Powers M.D.</u>		23b. ADDRESS <u>634 No. Grand</u>	
23c. DATE SIGNED <u>4/23/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Apr. 25 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>APR 23 '58</u>		REGISTRAR'S SIGNATURE <u>Carol Smith</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Letic 2906 Gravois</u>	

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

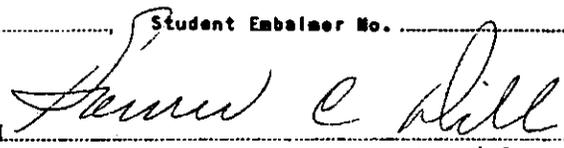
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The University of

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 _____

working under my personal supervision.

Student 
Student Embalmer

Student Embalmer No. _____
Signed 

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.