MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38676

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4415a St Louis Ave St. ..... Ward)

File No. .....

Registered No. 11379

2. FULL NAME John A. Wocet

(a) Residence. No. 4415a St Louis Ave St. 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	8		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Shoeworker

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Repairs

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

PARENTS

10. NAME OF FATHER: Anton Wotet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

14. INFORMANT: Chas. B. Wocet
(Address) 4415a St Louis a

15. FILED DEC 20 1927, 19..... Mark C. Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Dec. 18, 1927 that I last saw him alive on Dec. 17, 1927 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy — Cerebral Hemorrhage

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (SECONDARY) —

(duration) — yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 74 A

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) S. A. Benson, M.D.

, 19 (Address) 4702 Easton ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ava Ills

DATE OF BURIAL: Dec 21 1927

20. UNDERTAKER: Chas. L. Geraghty

ADDRESS: 4822 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.