WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30760

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8436

City St Louis Mo (No. 1411a Penrose St. St. ..... Ward)

2. FULL NAME August G. Witzl

(a) Residence, No. 1411a Penrose St St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Witzl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2nd - 1882

7. AGE: YEARS 50 | MONTHS 7 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Bed Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foster Bed Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER

13. NAME: Adam Witzl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Emma Witzl 1411a Penrose St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE Sept 22, 1932

19. UNDERTAKER (ADDRESS): Hy Leidner Und Co 1417 N Market St.

20. FILED SEP 21 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 20th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 4, 1932, to Sept 19, 1932
I last saw him alive on Sept 19, 1932 Death is said to have occurred on the date stated above, at 5:20 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 92A 117A 94B 92A

Date of onset: 9/19/32

Other contributory causes of importance:
Mitral Stenosis
Gastric Ulcer

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. C. McElvain, M. D.
(Address) 4356 Warne

SEP 21 1982