N. B.—Every ... IS A PERMANENT RECORD
CAUSE OF DE... ...ly supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 12 1935

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

Do not use this space.

37726

File No. 9700

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 2209 Hebert St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John Wonsewitz

(a) Residence, No. 2209 Hebert St., 20 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roselie Wonsewitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24, 1858

7. AGE: Years 77 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common Labor

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): Germany

FATHER

13. NAME: John Wonsewitz

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

MOTHER

15. MAIDEN NAME: Not known

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

17. INFORMANT (ADDRESS): John Wonsewitz 1410 Benton St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: Nov. 20, 1935

19. UNDERTAKER (ADDRESS): Goodhart & Goodhart 2228 St Louis Ave

20. FILED NOV 19 1935, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1935, to Nov. 17, 1935

I last saw h. alive on Nov. 16, 1935 Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93	

Other contributory causes of importance: Arteriosclerosis. Gangrene of right leg.

Name of operation: None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Anthony A. Piekarski, M. D.

(Address) 1525 a Cass Ave