

REC'D JUL 12 1938

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

20442  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **Lutheran Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Magdalena Witzofsky**

(a) Residence, No. **3853 French Ct.** St. **1**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10/20/91**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**46 7 29**

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

9. Industry or business in which work was done, as saw mill, bank, etc. **Housework**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME **George Witzofsky**

14. BIRTHPLACE (CITY OR TOWN)..... **St. Louis, Mo**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Margaret Bappert**

16. BIRTHPLACE (CITY OR TOWN)..... **St. Louis, Mo.**  
(STATE OR COUNTRY)

17. INFORMANT **George Witzofsky**  
(ADDRESS) **3853 French Ct.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **S. S. Peter & Paul** DATE **6/22/38**

19. FUNERAL DIRECTOR (NAME)..... **Wm. C. Moydell**  
(ADDRESS) **1926 Allen, Ave.**

20. FILED **JUN 21 1938** **J. P. Budick**  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/19/38** . 19

22. I HEREBY CERTIFY, That I attended deceased from **October 19, 37** to **June 19, 38**, 19. **38**  
I last saw her alive on **June 19, 19. 38**. Death is said to have occurred on the date stated above, **3-30 a. m.**  
The principal cause of death and related causes of importance were as follows:

**General Carcinomatosis?** Date of onset

Other contributory causes of importance:

**Carcinoma of Beard (Pt.)** Oct. 37

Name of operation **Mammectomy** Date of **10-37**  
What test confirmed diagnosis? **Microscopy** Was there an autopsy? **no.**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... **X** Date of injury **X**, 19.....

Where did injury occur?..... **X**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... **X**  
Nature of injury..... **X**

24. Was disease or injury in any way related to occupation of deceased? **no.**  
If so, specify

(Signed) **Wm. C. Moydell** M. D.  
(Address) **3805 So Broadway**

**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 .....

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

Signed

*Benj. C. Duncan*

Licensed Embalmer No. *3272*

P. O. Address *1926 Allen Ave*

**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, above space should be left blank.**