REC'D SEP 14 1938

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

Do not use this space.

File No. 28378
Registered No. 871

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. 1923 Sacramento St. Ward)

Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME: Isadore Wojtaszewski 232

(a) Residence, No. 1923 Sacramento St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? 54 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: Martha Wojtaszewski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11, 1861.

7. AGE: Years 77 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C.B.& Q.Railroad
10. Date deceased last worked at this occupation (month and year): 1931.
11. Total time (years) spent in this occupation: 45Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Martha Wojtaszewski 1923 Sacramento Str. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cem.
PLACE: St. Joseph, Mo. DATE: Aug. 25, 1938

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED: 8/24, 1938 A. J. Matthews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1938, to Aug 22, 1938, I last saw him alive on Aug 22, 1938. Death is said to have occurred on the date stated above, at 6:45P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thromb.	8/22/8
AHN	
Other contributory causes of importance: Angina Pec.	—
Arteriosclerosis	—
Hypertension	—

Name of operation: None Date of: No
What test confirmed diagnosis? Clin. 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) Frank L. Vandegaer, M. D.
(Address) Empire Bldg.

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.

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

I X9314

STATEMENT BY [illegible]

I, Herman Wm Sidenfaden [illegible] Embalmer No. 2728

[illegible] the reverse side of this

Certificate was embalmed by me

or by ✓

Signed Herman Wm Sidenfaden

NOTE: The [illegible]