NOV 25 1938 DEC 5 1938

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

40312
Do not use this space.

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.

1. PLACE OF DEATH
(a) County St. Louis 3 Registration District No. 784
(b) Township Primary Registration District No. 200 Registered No. 1928
(c) City ~~St. Louis~~ Jennings (d) Street No. 2520 McLaran Ave. Elms Conv. Home 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Wotawa
(a) Residence, No. 2520 McLaran Ave. St.
(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: 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: Sofia Wotawa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14th.1850

7. AGE: YEARS 88 | MONTHS 4 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Trunk
9. Industry or business in which work was done, as saw mill, bank, etc.: Finisher
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): Bohemia

FATHER
13. NAME: Dont Know Wotawa
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

17. INFORMANT (ADDRESS): Mrs. Ida Miller, 716 Carson Rd.-Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: 11-26-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Provost Und. Co. 3710 N. Grand Blvd.

20. FILED NOV 25 1938, 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-24-38, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Nov 24, 1938
I last saw him alive on Nov 23, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
93C	
Other contributory causes of importance: Senility	—

Name of operation none Date of
What test confirmed diagnosis? clinical 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?
If so, specify
(Signed) [signature] M. D.
(Address) 6704 W Florissant

(Licensed Embalmer's Statement on Reverse Side)

EM-Se Financial
6704 W Florissant

11-1
526

4557

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, Robert L Brinkman, or by

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

Signed Robert L Brinkm

Licensed Embalmer No. 3553

P. O. Address 3710 N Gran St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.