

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Gus Wishnovski3. (b) If veteran, name war unk 3. (c) Social Security No. unk4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Jennie Hammond Wishnovski 6. (c) Age of husband or wife if unk years7. Birth date of deceased Sept 3, 1869  
(Month) (Day) (Year)8. AGE: Years 69 Months 9 Days 14 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Theodore Wishnovski 6  
 13. Birthplace Germany 6  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Adlitz 6  
 15. Birthplace Germany 6  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Kent  
(b) Address City Hospital No. 117. (a) Burial (b) Date thereof 6/30/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cemetery18. (a) Signature of funeral director David Van Tassan(b) Address 1515 Lafayette Ave19. (a) JUN 28 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis, Missouri 26  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2513 North Florissant  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17, 1939  
year \_\_\_\_\_ hour 1 minute 8 M.21. I hereby certify that I attended the deceased from 6/17/39, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on 6/17/39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Hyper tension Cordis Vaguly Disease with  
Due to Right Hydrothorax

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy Right Hydrothorax

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature William Apsen (M. D. or other) \_\_\_\_\_  
Address City Hospital No. 1 Date signed \_\_\_\_\_

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**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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**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.**