

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34164**
8702 9803
Registrar's No.

NOV 13 1939 **791**
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: **1003** **2**

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1103 JACKSON PLACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **UNKNOWN** years, months or days)

8. (a) PRINT FULL NAME **PETER WITKUS (ALSO WITKINS)**
3. (b) If veteran, name war **DON'T KNOW** 3. (c) Social Security No. **493-05-3708**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **OCT. 12, 1887**
(Month) (Day) (Year)

8. AGE: Years **51** Months **11** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **UNKNOWN** **RUSSIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **FURNITURE MOVER** **7**

11. Industry or business _____

MOTHER FATHER
12. Name **UNKNOWN** **9**
13. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN** **1**
15. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John Brown**
(b) Address **1113 JACKSON PL**

17. (a) **BURIAL** (b) Date thereof **OCT. 12, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **MEMORIAL PARK**

18. (a) Signature of funeral director **Goodrich Goodrich**
(b) Address **2228 ST. LOUIS AVE**

19. (a) **OCT 11 1939** (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **1**
(c) City or town **ST. LOUIS** **26**
(If outside city or town limits, write "RURAL")
(d) Street No. **1103 JACKSON PL.**
(If rural, give location)
(e) ~~Street No. and name of town, U. S. A.?~~ **UNKNOWN** years.

20. DATE OF DEATH: Month **Oct.** day **5th**
year **1939** hour **6:09** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion;**
Arterio Sclerosis;
Cardiac Hypertrophy;

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **Of operations**

Of autopsy _____

Duration _____

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 _____

23. Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(a) _____ (b) _____
(c) _____ (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 **Reginald Perry** (M. D. or other) **4**
Address **Reginald Perry** Date signed **10.11.39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

10-11-39

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

Charles J. Goodhart
.....
Licensed Embalmer No. *2777*
P. O. Address *St Louis Mo*

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.