

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 95

1. PLACE OF DEATH:

- (a) County Franklin
- (b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
- In this community 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George A. Witzofsky 3213. (b) If veteran, name war - 3. (c) Social Security No. 691-01-47434. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 38 years7. Birth date of deceased December 16 1896
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
42 11 17 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Motor Freight Transportation Vice-President11. Industry or business Motor Freight Transportation12. Name George Witzofsky13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)14. Maiden name Margaret Bannert15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Witzofsky, by H. O. May(b) Address 5375 Devonshire St., St. Louis, Mo.17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 27 1939
(Month) (Day) (Year)(c) Place: burial or cremation St. Louis, Missouri18. (a) Signature of funeral director P. Hoffmeister, Wd. Co. by H. O. May(b) Address 7814 S. Broadway, St. Louis, Missouri19. (a) Nov. 23 1939 (Date received local registrar) (b) H. O. May (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County ---
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 5375 Devonshire St.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. --- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1939 hour 6 minute 40 P. M.21. I hereby certify that I attended the deceased from Nov 21, 1939
Nov 23, 1939, to Nov 23, 1939
that I last saw him alive on Nov 23, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Traumatic
Pneumonia (Bilateral) Duration 21
1939
3 daysDue to Injury following
car accident Nov 21-1939Due to Fractured 7-8-9+10th
left ribsOther conditions traumatic contusion & laceration
(Include pregnancy within 3 months of death)Major findings: wound of skull, arm & leg PHYSICIAN
Of operations No operationOf autopsy None

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) Car accident
- (b) Date of occurrence Nov 21, 1939
- (c) Where did injury occur? Highway 66 Franklin Mo
(City, town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Highway #66
(Specify type of place) (e) Means of injury Car accident
While at work? Yes

23. Signature R. R. Cantler (M. D. or other) 1
Address Washington Mo Date signed Nov 25 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 *Edwin N. Leibinger, by H. A. Moore*

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.

Registration District No. 294Primary Registration District No. 3086Registrar's No. 95

1. PLACE OF DEATH:

- (a) County FRANKLIN
 (b) City or town WASHINGTON, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. FRANCIS Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Fifty days (Specify whether years, months or days) 221

3. (a) PRINT FULL NAME GEORGE WITZOWSKY3. (b) If veteran, name war. 3. (c) Social Security No. 491-01-4743

4. Sex Male 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased December 6, 1896
 (Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 17 If less than one day hr. min.9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Executive Vice Pres.11. Industry or business Motor Freight Transport12. Name Father State Motor Transport Co.13. Birthplace ST. LOUIS, Mo. (City, town, or county) (State or foreign country)14. Maiden name MARGAET BAPPERT15. Birthplace ST. LOUIS, Mo. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Witzowsky(b) Address 5375 DEVONSHIRE ST. LOUIS17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-39 (Month) (Day) (Year)(c) Place: burial or cremation St. Louis, Mo.18. (a) Signature of funeral director G. Hollmeister & Co.(b) Address 7814 S. Broadway 2-7019. (a) Nov. 23-1939 (Date received local registrar) (b) J. D. May (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5375 DEVONSHIRE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1939 hour 6:40 PM minute 40 P 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 Auto Accident
Crushed Chest Duration 56 HrsDue to HemorrhageDue to Side Swept by CarOther conditions none (Include pregnancy within 3 months of death)Major findings: Of operations noneOf autopsy none

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

- (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Nov 21 1939
 (c) Where did injury occur? 1 mi. West of Gray Summit
 (City or town) (County) (State)
Highway H 66 Pacific Place
 (Specify type of place)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 Who at work? None Means of injury Accident

23. Signature Jos. P. Suffer Coroner
Address St. Louis, Mo. Date signed 11/23/39

S-39537

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 *Edwin H. Leisinger*

Licensed Embalmer No. *14049*

P. O. Address *6464 Chippewa*

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.