S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29306

Primary Registration District No. 1003

Registrar's No. 8222

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8yrs.6mos.25dys (Specify whether years, months or days)
In this community

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. 617 W. Primm
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Minnie Witeka
3. (b) If veteran, name war #
3. (c) Social Security No. #
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph Witeka
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 22, 1891 (Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Charles Dankingbrink
13. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Witeka
(b) Address St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Av.
19. (a) OCT 5 1942 (Date received local registrar) (b) J. F. Bruneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1942 hour 4:30 minute P M.
21. I hereby certify that I attended the deceased from 7-13-42, 19..., to 10-2-42, 19...; that I last saw her alive on 10-2-42, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Cancer of Cervix with Metastasis (Onset 2-28-42)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Anthony K. Burch (M. D. or other)
Address 5300 Arsenal Date signed 10/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 Olivy E Findly

Licensed Embalmer No. 4148

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, fact should be so stated above.