

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **9557**  
Registrar's No. **2361**

FILED MAR 20 1944  
318  
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2713 A Arsenal St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 Years in St. Louis (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2713 A Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM VIT.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 10  
1944 hour 6 minute 45 a.m.  
21. I hereby certify that I attended the deceased from 4-17-  
1944 to 3-10-1944  
that I last saw him alive on 3-8-1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bozena Vit  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased June 29 1873  
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis  
@ complete heart block  
Duration 2 yrs.

8. AGE: Years Months Days If less than one day  
70 8 12 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Bohemia (City, town, or county) (State or foreign country) 8  
10. Usual occupation Retired  
11. Industry or business Shoe Worker  
12. Name Frank Vit  
13. Birthplace Bohemia (City, town, or county) (State or foreign country) 8  
14. Maiden name Unknown  
15. Birthplace Bohemia (City, town, or county) (State or foreign country) 6  
16. (a) Informant Bozena Vit

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13/44 (Month) (Day) (Year)  
(c) Place: burial or cremation Old S.S. Pater & Paul  
18. (a) Signature of funeral director Shoemaker & Son  
(b) Address 2906 Gravois Ave.  
MAR 10 1944  
19. (a) (Date received local registrar) (b) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 Wm J. Wolawa M.D. (M. D. or other) 0  
Address 350 9th Wilmings Ave Date signed 3-10-44

**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..... *David Van Fossan* .....

Licensed Embalmer No. *4242* .....

P. O. Address *2906 Groves* .....

**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.**