

FILED APR 6 1945
378

Registration District No. _____
Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether)

In this community 30 years
years, months or days

3. (a) PRINT FULL NAME William George Witzel

3. (b) If veteran, name war none

3. (c) Social Security No. 493-01-3758

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Ethel Witzel

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Jan. 6th. 1915
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>2</u>	<u>18</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Hyde Park Brewery

12. Name William Witzel

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mithilda Kunkel

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Witzel

(b) Address 4150 Quincy St.

17. (a) Burial Burial (b) Date thereof 3-23rd. 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAR 22 1945 (Date received local registrar)

J. Medvedy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4150 Quincy St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1945 hour 5:30 PM. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 22nd 1944 to March 19th 1945
that I last saw him alive on March 19th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Steuosis Duration 2 mos

Due to Chronic Rheumatic Endocarditis 10 year

Due to Articular Rheumatism 15 year

Other conditions Cerebral Embolus 1 year
(Include pregnancy within 3 months of death)

Major findings: PJ C PHYSICIAN

Of operations _____

Of autopsy as above also Infarct lungs Chronic adheasive pericarditis
Underline the cause to which death should be charged attaching to it

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)

(a) Means of injury _____

23. Signature J. Gallagher (M. D. or other) _____

Address 3903 Olive Date signed 3/20/45

STATEMENT BY LICENSED EMBALMER

217.1

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

John P. Buchholz

Licensed Embalmer No.....

1674

P. O. Address.....

2223 St. Louis Ave

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.