

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31494 ✓

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 7951

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston

(c) Name of hospital or institution:
Page Avenue viaduct 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

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. 5102 Gates
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Wocet

3. (b) If veteran, name war _____

3. (c) Social Security No. 499-12-2766

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Martha Wocet

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

7. Birth date of deceased 4 29 1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Death without medical attendance to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>4</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Unknown

Due to 2002

Due to _____

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

9. Birthplace Ava Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business Wagner Electric Co.

Major findings: Of operations _____

Of autopsy No autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER { 12. Name John Wocet

13. Birthplace Austria-Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Kozlik

15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Billie Wocet

(b) Address 6226 Greer Ave.

17. (a) burial (b) Date thereof 9-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava, Illinois

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 9-19-46 (b) Ruth A. ...
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature Ruth A. Allen M.D. (M. D. or other) _____
Address St. Louis Co. Health Dept. Date signed 9/21/46

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

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Rm. 118
Health Department

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.....

Albert R. Thompson Jr

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.