S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7160

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2294

1. PLACE OF DEATH:
(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4631 QUINCY 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 23 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1840 S. 11th ST. 9
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME Josephine S. WOTAWA
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ WILLIAM 6. (c) Age of husband ~~or wife~~ if alive 64 years
7. Birth date of deceased NOV. (Month) 8 (Day) 1872 (Year)

8. AGE: Years 74 Months 3 Days ~~24~~ 26 If less than one day ____ hr. ____ min.

9. Birthplace Bohemia X (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
FATHER
12. Name Joseph SAMSULAH
13. Birthplace Bohemia 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN 0
15. Birthplace Bohemia 0 (City, town, or county) (State or foreign country)
16. (a) Informant WILLIAM J. WOTAWA
(b) Address 1840 S. 11th ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 7 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ OLD S.S. PETER & PAUL
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) MAR 6 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 4 year 1947 hour 2 minute 55 p. M.
21. I hereby certify that I attended the deceased from July 1, 1929, to March 4, 1947; that I last saw her alive on March 4, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy - lt.	3 days.
Due to Cardio-vascular renal syndrome @ c̄ arteriosclerosis	several years
Due to & hypertension.	several years
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature [signature] (M. D. or other) 0
Address 3804 Wilmington Ave Date signed 3/5/47

(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 Leo J. Budde

Licensed Embalmer No. 3989

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.