

FILED JUL 12 1947
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
149 St. George Street
(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

3. (a) PRINT FULL NAME **WALTER WOJTOWICZ**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **490-01-1008**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Wojtowicz** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **About 1880 6-27-1882**
(Month) (Day) (Year)

8. AGE: **About 67** Months **0** Days **8** If less than one day hr. min.

9. Birthplace **Poland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____
Name **John Wojtowicz**

12. Birthplace **Poland**
(City, town, or county) (State or foreign country)

13. Maiden name **Unknown**

14. Birthplace **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary Wojtowicz**
(b) Address **149 St. George Street**

17. (a) **Burial** (b) Date thereof **7-8-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection**

18. (a) Signature of funeral director **Moyall**
(b) Address **1926 Allen Avenue**

19. (a) **JUL 7 1947** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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. **149 St. George Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5th**
year **1947** hour **4** minut **00** A.M.

21. I hereby certify that I attended the deceased from **6-22**, 19**47**, to **7-5**, 19**47**.
that I last saw him alive on **7-2**, 19**47**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

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

Major findings:
Of operations _____
Of autopsy _____

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

22. If death was due to external causes, fill in the following:

(c) 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? _____ (c) Means of injury _____

23. Signature **Okey J. Jones** (M. D. or other) **M.D.**
Address **3616 Os Brady** Date signed **7-5-47**

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 me

Me Registered Apprentice No.
working under my personal supervision.

Signed Benj. C. Danna

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 6439

On this 15th day of July, 1947, before me appears William C. Moydell, who, upon his oath, states that the original record of ~~XXX~~ death for Walter Wojtowicz died July 5th, 1947, in the State of Missouri, and which was filed at St. Louis, Mo. on 7th, 1947, should be corrected as follows:

Item No. 7 should read June 27-1882

Instead of About 1880

Item No. 8 should read 65 Years 0 Months 8 Days

Instead of About 67 Years

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

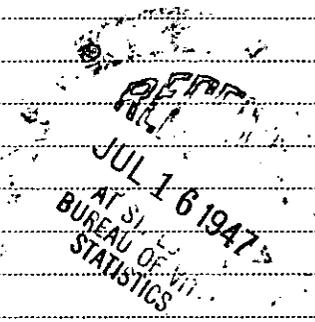
(SEAL)

Affiant Wm C Moydell **Funeral Director**
Relationship.

1926 Allen Ave., St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 15th day of July, 1947.

My Commission expires Sept. 22nd, 1950 George S. Inbrida Notary Public.



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