. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36434

FILED OCT 24 1947 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 9577

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: ST. ANTHONY HOSPITAL 0
(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 Mo. (b) County 50

(c) City or town ~~ST. LOUIS~~ 0
(If outside city or town limits, write "RURAL")

(d) Street No. ARNOLD Mo. 0
(If rural, give location)

(e) Citizen of foreign country? NR (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME WARDEN E. WITZIG

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M. 0 5. Color or race W. 6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife ALICE WITZIG 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased SEPT 1 (Month) 16 (Day) 1897 (Year)

8. AGE: Years 50 Months 0 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Arnold — Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation OFFICE Manager

11. Industry or business JOY MANUFACTURE Co

FATHER
12. Name ARTHUR WITZIG 0
13. Birthplace Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EMILY POUPENEY
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Witzig
(b) Address Arnold Mo.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 16 47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ LAKEWOOD PARK,

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1947 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Sept 22, 1947, to Oct 13, 1947
that I last saw him alive on Oct 13, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subdiaphragmatic abscess	?
Empyema rt Pleural Cavity	about 2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Empyema - Subdiaphragmatic abscess	

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place) 0

While at work? ..... (e) Means of injury .....

23. Signature Robert G Morris (M. D. or other) MD

Address Paul Brown Bldg. Date signed Oct 15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Robert G Morris

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.