

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25520

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 6625

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3442 Dunnica		1/5 STREET ADDRESS (If rural, give location) 3442 Dunnica 0	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) J c. (Last) Witzofsky		4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 51	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-9-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) light Watchman		10b. KIND OF BUSINESS OR INDUSTRY Alligator	11. BIRTHPLACE (State or foreign country) St. Louis 0
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Joseph Witzofsky	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Carrie Witzofsky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Witzofsky 3442 Dunnica

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years 6 weeks 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardiitis Virus infection Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2H1A
22. I hereby certify that I attended the deceased from 6/25 1951, to 7/23 1951, that I last saw the deceased alive on 7/23 1951, and that death occurred at 8:00 m., from the causes and on the date stated above.		

23a. SIGNATURE W. Demko M. D.	(Degree or title)	23b. ADDRESS 3430 Gravois Ave	23c. DATE SIGNED 7/24/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-25-51	24c. NAME OF CEMETERY OR CREMATORY New Picker Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. JUL 24 1951	REGISTRAR'S SIGNATURE J. B. Casan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen
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(Licensed Embalmer's Statement on Reverse Side)

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

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

working under my personal supervision.

Student Embalmer No. ....

Signed Alex A. Shannon

Signed.....  
Student Embalmer

Licensed Embalmer No. 4533

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.