

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Bexar	
b. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio		c. LENGTH OF STAY in l. b. 75 yrs.		c. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 102 W. Ridgewood Court		d. STREET ADDRESS (If rural, give location) 102 W. Ridgewood Court			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First George			(b) Middle John		
(c) Last Wisterzil			4. DATE OF DEATH June 27, 1964		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH March 7, 1888	9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd Clerk		10b. KIND OF BUSINESS OR INDUSTRY County Court		11. BIRTHPLACE (State or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME William Wenzel Wisterzil			14. MOTHER'S MAIDEN NAME Mary Anna Kronschnabel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 466-54-6867		17. INFORMANT Margaret B. Royes	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Coronary arteriosclerotic heart disease
DUE TO (c)					13 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive Vascular Disease for 6 yrs.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)			
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20f. CITY, TOWN, OR LOCATION		21. I hereby certify that I attended the deceased from 9-1-51 to 6-27-64 and last saw the deceased alive on May 15 19 64 . Death occurred at 7 A m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. Roger Hollan, M.D.		22b. ADDRESS 1109 S. Tex Bldg		22c. DATE SIGNED 6-29-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 30, 1964		23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	
23d. LOCATION (City, town, or county) San Antonio		(State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE Doyle Loring Jr.	
25a. REGISTRAR'S FILE NO. 2808		25b. DATE REC'D BY LOCAL REGISTRAR JUN 29 1964		25c. REGISTRAR'S SIGNATURE Richard Person	

TEXAS DEPARTMENT OF HEALTH
REC'D JUL 10 1964
BUREAU OF VITAL STATISTICS