

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16902
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **3440 Tennessee Ave.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **4763**

2. PRINT FULL NAME

Anna Wodraska 36.2
(a) Residence, No. **3440 Tennessee Ave.** St. **16**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Wodraska**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 19th, 1859.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Peter Haas**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown Brown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Joh Wodraska Jr.**
(ADDRESS) **3440 Tennessee Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter-Paul** DATE **May, 25th, 1938**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. FILED **MAY 24 1938** **J. D. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May, 22nd.** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 15, 1937** to **May 22, 1938**
I last saw him alive on **May 22, 1938**. Death is said to have occurred on the date stated above, at **6.10 P. M.**
The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Other contributory causes of importance:

Name of operation **Cholecystectomy** Date of operation **May 19, 1938**
What test confirmed diagnosis? **Cholecystectomy** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 ____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

(Signed) **James P. Wade**
(Address) **1044 No. 1st St.**

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,

2645

Frank J. Dyland

or by

me

Registered Apprentice No., working under my personal supervision.

Signed

Frank J. Dyland

Licensed Embalmer No.

2645

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, above space should be left blank.