

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

20161
Do not use this space.

DEAD JUL 12 1939

1. PLACE OF DEATH

(a) County..... / Registration District No. **791**
 (b) Township..... / Primary Registration District No. **1008** Registered No. **5005**
 (c) City St. Louis, Mo. (d) Street No. De Paul Hospital 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.

2. PRINT FULL NAME RILLA MAE WASEK

(a) Residence, No. 4509 Natural Bridge Rd. St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Wasek Jr.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 0 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beauty Operator
 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) Poplar Bluff Missouri

FATHER 13. NAME Jesse Fowler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff, Missouri

MOTHER 15. MAIDEN NAME Elizabeth Montgomery
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff, Missouri

17. INFORMANT (ADDRESS) Frank, Wasek, Jr. 4509 Natural Bridge Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 3, 1939

19. FUNERAL DIRECTOR (ADDRESS) A. J. From L. & L. Co. 2707 N. Grand St.

20. FILED JUN 2 1939 J. B. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 1935 to May 31, 1939
 I last saw her alive on May 31, 1939 Death is said to have occurred on the date stated above, at 7.00 P.M.
 The principal cause of death and related causes of importance, were as follows:

Acute Surgical Shock (for delivery) Date of onset 5/31/39
 Other contributory causes of importance:
Placenta accreta
acute hemorrhage
sacral presentation of fetus
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify M. F. Mistachkin, M. D.
 (Signed) M. F. Mistachkin
 (Address) 1259 N. Kingshighway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Paul F. Knochenberg, Licensed Embalmer No. 2631

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul F. Knochenberg

Licensed Embalmer No. 2631

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.)