

FILED NOV 10 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

\_\_\_\_\_

Registrar's No. **9188**

\_\_\_\_\_

1. PLACE OF DEATH:

(a) County **ST. LOUIS MO**  
(b) City or town **ST. LOUIS MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **DE-PAUL HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community **LIFE** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1622 A. N. 17 STR.** (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY WOJEWODKA**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **THOMAS WOJEWODKA** 6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **NOV 9<sup>TH</sup> 1884** (Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **ST. LOUIS MO** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **AT HOME**

MOTHER FATHER { 12. Name **ARNOLD WINTER**

13. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH MOENNIG**

15. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

16. (a) Informant **Eugene Wojewodka**

(b) Address **1622 A. N. 17<sup>TH</sup> ST.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **OCT 31-44** (Month) (Day) (Year)

(c) Place: burial or cremation **CEM CALVARY SEM**

18. (a) Signature of funeral director **Brockland and Co**

(b) Address **1827 Hogan STR.**

19. (a) **OCT 30 1944** (Date received local registrar) (b) **J. F. Bredek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **28<sup>TH</sup>** year **1944** hour **9:40** minute **A. M.**  
21. I hereby certify that I attended the deceased from **Oct 23/44** to **Oct 28/44**  
that I last saw him **alive on Oct 29/44** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocardial Infarction** Duration **1 day**  
**Myocardial Regurgitation** **20**  
Due to **Acute Regurgitation** **20 44**  
**Bronchial Pneumonia** **5 days**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **92**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. F. Bredek** (M. D. or other) \_\_\_\_\_

Address **1827 Hogan** Date signed **10/30/44**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. W. Wilkins*  
Licensed Embalmer No. *3575*

P.O. Address.....

**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. |**