No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

367

State File No. 7462

Registration District No. 897

Primary Registration District No. 6076

Registrar's No. 367

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Lemay Mo. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 341 Lemay
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay Louis Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 341 Lemay
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Eddie Wodicka

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct. (Month) 10 (Day) 1867 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 3 | 27 | ..... hr. ..... min. |

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Ignatz Wodicka 4
13. Birthplace Austria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Benda
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Felix Wodicka
(b) Address 2100a Whithnel St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.

19. (a) 2-9-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 6
year 1948 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from Jan. 30, 1948 to Feb. 6, 1948; that I last saw him alive on Feb. 5, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Mitral Insufficiency | |
| Chronic Endocarditis | 1 yr |
| Due to ..... | |
| Due to ..... 92 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature A W Peters (M. D. or other) M. D.
Address 4145 a S. Grand Blvd. Date signed 2/7/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Peters
4145a S. Grand

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 Francis Williamson

Licensed Embalmer No. 3565

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.