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FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics  
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28316  
7161  
Registrar's No.

Registration District No. 312

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital- Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(c) Street No. 1209 No Market  
(If rural, give location)  
(d) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Pete Wence

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th  
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-1-48  
to 8-13-48  
that I last saw him alive on 8-13-48  
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia

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

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

Immediate cause of death Bronchogenic Carcinoma  
Bronchogenic  
Duration 2 yrs.

8. AGE:

Years 79

Months -

Days -

If less than one day  
hr. min.

9. Birthplace

(City, town, or county)

Poland  
(State or foreign country)

10. Usual occupation

Retired

11. Industry or business

12. Name

Anthony Wence

13. Birthplace

(City, town, or county)

Poland  
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

Poland  
(State or foreign country)

16. (a) Informant

Andrew Wence

(b) Address

4154 Russell Blvd.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

8/16/48  
(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary

18. (a) Signature of funeral director

St. Louis Funeral Home

(b) Address

2205 St. Louis Ave.

19. (a)

AUG 15 1948  
(Date received local registrar)

(b)

J. J. Bredeck  
(Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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?

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

23. Signature Joe H. Harbin (M. D. or other)

Address 1515 Lafayette Avenue Date signed 8-13-48

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**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.....

Licensed Embalmer No..... 2971

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.**