

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 7 1948

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

State File No. 28423
Registrar's No. 2053

Registration District No. 317

Primary Registration District No. 3669

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution:
1608 Hunter Dr.
(d) Length of stay: In hospital or institution
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(d) Street No. 1608 Hunter Dr.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME VIRGINIA P. WAHOSKI
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 30
year 1948 hour 2:40 minute P.M.
21. I hereby certify that I attended the deceased from
May 1948 to Aug 30 1948
that I last saw her alive on Aug 30 1948
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 32 years

Immediate cause of death -
Malignancy - metastatic
Lung Abscess
Due to
Sepsis - at foot
Duration
4 M.
6 M.

7. Birth date of deceased Aug. 11 1915
(Month) (Day) (Year)
8. AGE: Years 33 Months 0 Days 19
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name Albert Arnold
13. Birthplace Osage Co. Kansas
14. Maiden name Pauline Mergenthaler
15. Birthplace New Haven Missouri

Other conditions
Major findings:
Of operations
Of autopsy

16. (a) Informant Ralph J. Wahoski
(b) Address 1608 Hunter Dr.
17. (a) Burial (b) Date thereof 9-2-48
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Kriegshausler Und.
(b) Address 4228 So. Kingshighway, Blvd.
19. (a) 8-31-48 (b) Cecilia J. Sharpley

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Means of injury
23. Signature (b) Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

6
3
3

10-30-15

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 Lehigh Highway

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.