

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3161
Registrar's No. 706

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	2079
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 5523 Wren ave	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Catherine c. (Last) Wisniewski			4. DATE OF DEATH (Month) (Day) (Year) 1 22 50					
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 28 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John Marach		13b. MOTHER'S MAIDEN NAME Anna Marach		14. NAME OF HUSBAND OR WIFE Joseph Wisniewski			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Joseph Wisniewski		ADDRESS 5523 Wren Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p align="center">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardiopathy</p> <p align="center">ANTECEDENT CAUSES</p> <p align="center">Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="center">DUE TO (b) Uremia & Nephritis</p> <p align="center">DUE TO (c)</p> <p align="center">II. OTHER SIGNIFICANT CONDITIONS</p> <p align="center">Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HIT BY	

22. I hereby certify that I attended the deceased from Nov 14, 1950 to 1-21, 1951, that I last saw the deceased alive on 1-20, 1951, and that death occurred at 1:30 AM, from the causes and on the date stated above.

23a. SIGNATURE W J Chumacher, MD		(Degree or title)		23b. ADDRESS 499 1/2 Thrush		23c. DATE SIGNED 1-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-25-51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis MO	
DATE REC'D BY LOCAL REG. JAN 23 1951		REGISTRAR'S SIGNATURE Dr B Laster		25. FUNERAL DIRECTOR'S SIGNATURE Central Funeral Home		ADDRESS 5541 River View Blvd	

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

me

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

James B. Binkley

Licensed Embalmer No. *365*

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.