

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2162

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MO  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis  
 d. STREET ADDRESS (If rural, give location) 1431 N. 16th Sts

3. NAME OF DECEASED (Type or Print)  
 a. (First) BERNICE  
 b. (Middle) \_\_\_\_\_  
 c. (Last) STUDENICKI  
 4. DATE OF DEATH (Month) (Day) (Year)  
MAR. 5 1951

5. SEX Female  
 6. COLOR OR RACE White  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
 8. DATE OF BIRTH March 15 1895  
 9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.)  
55

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) Poland  
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown  
 13b. MOTHER'S MAIDEN NAME Unknown  
 14. NAME OF HUSBAND OR WIFE John Studnicki

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_  
 16. SOCIAL SECURITY NO. \_\_\_\_\_  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
John Studnicki 1431 N 16th Sts

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic heart disease  
 ANTECEDENT CAUSES decompensated  
 \*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Gangrene both feet due to arteriosclerosis  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 week  
2 mo.

19a. DATE OF OPERATION \_\_\_\_\_  
 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK   
 21f. HOW DID INJURY OCCUR? H53K

22. I hereby certify that I attended the deceased from 3-1-51, 1951, to 3-5-51, 1951, that I last saw the deceased alive on 3-1-51, 1951, and that death occurred at 10:30 Am., from the causes and on the date stated above.

23a. SIGNATURE Gary B. Wood M.D. (Degree or title)  
 23b. ADDRESS 1515 Lafayette  
 23c. DATE SIGNED 3-5-51

24a. BURIAL CREMATION REMOVAL (Specify) Burial  
 24b. DATE 3/8/51  
 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery  
 24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 7 1951 J.B. Fasano  
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 1841 Cass Ave

WRITE PLAINLY—USING 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 me

working under my personal supervision.

Signed.....  
Student Embalmer

Signed [Signature]  
Student Embalmer No.....  
Licensed Embalmer No. 4699  
P. O. Address St. Charles, 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.