

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10738
2869

FILED APR 9 1951

State File No. 10738
Registrar's No. 2869

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2869</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>		2. STREET ADDRESS (If rural, give location) <u>1625A N. 16th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hedwig</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>Vensic</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 25 1951</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/8/88</u>	9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MINONK, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>John Goscinski</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Wlochorek</u>	14. NAME OF HUSBAND OR WIFE <u>John Vensic (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Vensic 1625A N. 16th St.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RENAL FAILURE</u>		<u>ABOUT 7 YR.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>NEPHROLITHIASIS</u> DUE TO (c)		<u>7-8 YR.</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>UREMIA</u>	<u>3 MO.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 10 1946 to MARCH 25, 1951, that I last saw the deceased alive on MARCH 24, 1951, and that death occurred at 3-45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin J. Huber M.D.</u>	23b. ADDRESS <u>634 N. GRAND</u>	23c. DATE SIGNED <u>March 27, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Mar 27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Central Funeral Home 8841 River View Blvd.</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
MAR 27 1951

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

202808

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 10738-51
Local Registrar's No. 2869

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____, who, upon _____ oath, states that the original record of birth for Hedwig Elizabeth Vensic died 3-25-1951, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 3 should read Hedwig Elizabeth Vensic
Instead of _____ Hedwig "

Item No. 8 should read 9-9-1886
Instead of _____ 9-8-86

Item No. 13b should read Josephine Wichorek
Instead of _____ Zarek

Item No. 14 should read Contack John Vensic
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John Stygae F. Pirata
Relationship. _____
5541 River view

Present Address.

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Subscribed and sworn to before me this _____ day of April, 1951

My Commission expires 3-4-53 Paul J. Padden Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.