

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43940**
11411
Registrar's No.

FILED JAN 10 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY CITY - HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		d. STREET ADDRESS (If rural, give location) 4485 2064 MITCHELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.							
3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP b. (Middle) E. c. (Last) WODRASKA			4. DATE OF DEATH (Month) (Day) (Year) DEC. 10 1952				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 8 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 2 Days 2	IF UNDER 12 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10b. KIND OF BUSINESS OR INDUSTRY ELY & WALKER		11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN WODRASKA		13b. MOTHER'S MAIDEN NAME ANNA HASS		14. NAME OF HUSBAND OR WIFE AUGUSTA WODRASKA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Augusta Wodraska		ADDRESS 7064 W. 7th St. St. Louis	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular			INTERVAL BETWEEN ONSET AND DEATH
				ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease: Polycystic Disease DUE TO (c) of the kidney			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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? 443X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:27 m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Patrick E. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12 11 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC. 13 1952	24c. NAME OF CEMETERY OR CREMATORY. RESURRECTION CEM. ST. LOUIS CO., MO.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. DEC 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Bocklage		ADDRESS 6536 Clayton St. S.P.	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert M Murray*

Licensed Embalmer No. *3749*

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.