

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34362

FILED OCT 15 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8930**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZANAM - HOME		d. STREET ADDRESS (If rural, give location) 11 3225-MONTGOMERY-ST.	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle) _____	c. (Last) WROBEL (WROBELEWSKI)	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 14 - 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH OCT. 3RD, 1890	9. AGE (In years) 62 YRS	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY - PRINTER		10b. KIND OF BUSINESS OR INDUSTRY PRINTING CO.	11. BIRTHPLACE (State or foreign country) ST. LOUIS - MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME FRANK WROBEL	13b. MOTHER'S MAIDEN NAME PELAGIA - WLOCH	14. NAME OF HUSBAND OR WIFE JULIA - WITKOWSKI
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service) NONE.	16. SOCIAL SECURITY NO. NONE.	17. INFORMANT'S SIGNATURE OR NAME Frances Wrobel	ADDRESS 3953 Lexington Ave
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? 4201
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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 **7:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Perry Deussen (Degree or title) _____	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 9/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY CALVARY - CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 15 1953 J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co.	ADDRESS 1827 HOGAN ST.
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WRITE PLAINLY—USING UNFADING BLACK INK—

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leon H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.