

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13933**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3206**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St. Louis</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1912a Obear St.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i>		b. (Middle) _____	c. (Last) <i>Stojeba</i>
4. DATE OF DEATH (Month) (Day) (Year) <i>4 8 55</i>		5. SEX <i>F</i>	
6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>8-29-1888</i>		9. AGE (In years last birthday) (If under 1 year: Months) (Days) (Hours) (Min.) <i>66 7 9</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Vincent Bryl</i>		13b. MOTHER'S MAIDEN NAME <i>Catherine Ziemba</i>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Stanley Stojeba</i>	
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.		19. ADDRESS <i>1930 Palm</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Strangulation due to hanging; when deceased was found hanging from step ladder, in her home on April 8, 1955, about 4:45 pm.</i>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>hanging; when deceased was found hanging from step ladder, in her home on April 8, 1955, about 4:45 pm.</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO _____	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <i>hanging</i>		21. HOW DID INJURY OCCUR? <i>Suicide</i>	
21a. ACCIDENT (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <i>St. Louis Mo</i>		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i>Apr 8 55 4:45</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <i>4:45 p.m.</i> , from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? <i>E974X</i>	
23a. SIGNATURE (Three or title) <i>Tatrick Taylor Currier</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>4.11.55</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>4-12-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		24e. DATE REC'D BY LOCAL REG. <i>APR 11 1955</i>	
REGISTRAR'S SIGNATURE <i>J. C. Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>St. Louis Fun'l. Home</i>	
ADDRESS <i>2205 St. Louis Ave.</i>		ADDRESS <i>2205 St. Louis Ave.</i>	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.