

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24985

State File No. _____

FILED AUG 10 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1754</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Ferdinand</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. FERDINAND</u>		c. LENGTH OF STAY (in this place) <u>24-3mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. FERDINAND</u> <u>4050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Beane</u>				d. STREET ADDRESS (If rural, give location) <u>11755 Riverview Dr.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Ledora</u> b. (Middle) <u>Hitch</u> c. (Last) <u>Hitch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 21, 1871</u>	9. AGE (in years last birthday) <u>84</u>	10. MONTHS <u>0</u>	11. DAYS <u>7</u>	12. HOURS <u>8</u> MIN. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Hitch</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Kusmoch</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sister M. Beatrice</u> ADDRESS <u>11755 Riverview Dr.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial degeneration</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>Fracture rt. wrist & humerus</u> DUE TO (c) <u>Chr. Hypertensive C.V. disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Heart ex. stenosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 weeks</u> <u>5 yrs</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>44-EX</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		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 <u>August, 1948</u> , to <u>7-29</u> , 1955, that I last saw the deceased alive on <u>7-26</u> , 1955, and that death occurred at <u>1:10 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Wojcik</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>8321 N. Broadway</u>		23c. DATE SIGNED <u>7-29-55</u>	
24a. BURIAL, CREMATION, REMAINS (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Villa Beane</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/30/55</u>		REGISTRAR'S SIGNATURE <u>Wesley R. Danks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley R. Danks</u> ADDRESS <u>7420 Michigan</u>			

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Michigan*

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.