

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

42741

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10693</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>50 years</b>		c. CITY OR TOWN <b>Overland</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>9506 Minerva Overland 14. MO</b>					
3. NAME OF DECEASED (Type or Print) <b>MATHIAS WANJEK</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 5, 1955</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 2, 1887</b>			
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Metal Pattern Maker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Scullin Steel CO</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Hungary</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Frank Wanjek</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Helfrich</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Mary Wanjek</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Wanjek</b>			ADDRESS <b>9506 Minerva Overland 14</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diffuse Peritonitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks.</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Perforated Appendix</b>				<b>2 weeks.</b>	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>550.1</b>					
19a. DATE OF OPERATION <b>11/30/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Perforated appendix; peritonitis; appendiceal abscess.</b>				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? _____					
22. I hereby certify that I attended the deceased from <b>11/24</b> , 19 <b>55</b> , to <b>12/5</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>12/4</b> , 19 <b>55</b> , and that death occurred at <b>7:30 a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Joseph A. Roy, M.D.</b>				23b. ADDRESS <b>3720 Washington Blvd.</b>		23c. DATE SIGNED <b>12/6/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-9-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Galvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>			
DATE REC'D BY LOCAL REG. <b>DEC 6 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SUEDMEYER &amp; SON'S</b>		ADDRESS <b>3934 N. 20th Street</b>			

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.....  
Signature of Student Embalmer

Signed *Gustav W. Dietrich*.....

Licensed Embalmer No. *431*.....

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.