

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11645

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2148

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2148		
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) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word				e. STREET ADDRESS (If rural, give location) 24 3439 Iowa Ave				
3. NAME OF DECEASED (Type or Print) PEARL			a. (First)		b. (Middle) Wondriska		c. (Last)	
4. DATE OF DEATH 2-28-1956		(Month)		(Day)		(Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-16-1890		
9. AGE (In years last birthday) 65		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) At Home			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13a. FATHER'S NAME John Hickey			13b. MOTHER'S MAIDEN NAME Josephine Taxon			14. NAME OF HUSBAND OR WIFE Joseph Wondriska		
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 Joseph Wondriska ADDRESS 3439 Iowa Ave				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung				INTERVAL BETWEEN ONSET AND DEATH 1 year				
ANTECEDENT CAUSES Morbidity 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.				Chr. Myocarditis				
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 162x				
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 Jan 1955 to 27 Feb 1956 that I last saw the deceased alive on 27 Feb 1956 and that death occurred at 11:57 P. from the causes and on the date stated above.								
23a. SIGNATURE Q. J. McNamee (Name or title) M.D.				23b. ADDRESS 7619 Ivory		23c. DATE SIGNED 2/29/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 3-3-1956		24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery		24d. LOCATION (City, town, or county) (State) Olive and Lemay Rds Mo		
DATE REC'D BY LOCAL REG. FEB 29 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE J. J. Ziegenhein ADDRESS Box 6409 Gravois Ave			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING 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 *Van M. Szymora*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.