

FILED JUN 14 1956

STANDARD CERTIFICATE OF DEATH

1888-1
State File No. 5131

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5131			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) TOWN Madison					
c. LENGTH OF STAY (in this place) 4 yrs				d. STREET ADDRESS (If rural, give location) 803 Reynolds					
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of The Poor				8128					
3. NAME OF DECEASED (Type or Print) a. (First) CONSTANCE		b. (Middle) _____		c. (Last) WIERNY		4. DATE OF DEATH (Month) (Day) (Year) May 27, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec ? 1875			
9. AGE (in years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home			11. BIRTHPLACE (City and State or Foreign Country) Poland			
12. CITIZEN OF WHAT COUNTRY? Poland									
13a. FATHER'S NAME Thomas Lapinski			13b. MOTHER'S MAIDEN NAME Marcianna Wesko			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Helen Romanic		ADDRESS Madison, Ill.			
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) Arterio-sclerotic heart disease				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) None				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death None									
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 420-0				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		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 May 1, 1956 , to May 27, 1956 , that I last saw the deceased alive on May 25, 1956 , and that death occurred at 10:27 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Samuel S. Hottel, M.D.				23b. ADDRESS 2435 N. Grand Blvd.		23c. DATE SIGNED 5-28-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-27-56		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Madison Illinois			
DATE REC'D BY LOCAL REG. MAY 28 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John J. Sedlach		ADDRESS Madison, Ill.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK—NEVER USE RED INK—NEVER USE PENCIL—NEVER USE BALLPOINT PEN

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

John T. Sedach

Licensed Embalmer No. *3747*

P. O. Address *Madison Ill*

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.