

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29412

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1821

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>DOA</u>		d. STREET ADDRESS (If rural, give location) <u>4123 South Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>TILLIE</u> b. (Middle) <u>V.</u> c. (Last) <u>POPE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 5 1956</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>12-7-1905</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>	11. BIRTHPLACE (State or foreign country) <u>Maryville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Wisnasky</u>	13b. MOTHER'S MAIDEN NAME <u>Mary (Wok)</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nelson Wisnasky</u> ADDRESS <u>Maryville, Ill.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple injuries, shock and hemorrhage</u>		
	ANTECEDENT CAUSES <u>and hemorrhage</u>  Morbid 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Rural</u> (COUNTY) <u>26</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 5, 1956 3:20 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Passenger in car - driver lost control and collided with another car</u>
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arnold J. Wielmann, Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>8/8/56</u>
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24a. REMOVAL OF CORPSE (Specify) <u>Removal</u>	24b. DATE <u>8/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	24d. LOCATION (City, town, or county) (State) <u>Collinsville, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>8-5-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donleavy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Donleavy</u> ADDRESS <u>Collinsville, Ill.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.