FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36022
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9753

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Little Sister Poor — Length of stay in 1b 10yrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3400 So Grand — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Laura Middle Last Paterek
4. DATE OF DEATH Month Oct Day 25 Year 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH June 11 1869
9. AGE (In years last birthday) 87 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Peru Ill
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Willman
14. MOTHER'S MAIDEN NAME Catherine Schwartz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Little Sister Poor Address 3400 So Grand

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. ~~p. m.~~ Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE ~~AT WORK~~ ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo. STATE
21. I attended the deceased from Jan 1956 to 10/25/56 and last saw her him alive on 10/22/56
Death occurred at 7 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) R Amezera Md.
22b. ADDRESS 539 N. Grand
22c. DATE SIGNED 10/25/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct 26 1956
23c. NAME OF CEMETERY OR CREMATORY Mt.Olive
23d. LOCATION (City, town, or county) (State) St Louis Cty Mo
24. FUNERAL DIRECTOR E.J.Schnur ADDRESS 3125 Lafayette
25. DATE RECD. BY LOCAL REG. OCT 25 1956
26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas R. Zenovic

Licensed Embalmer No. 37

P. O. Address 3125 La

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.