

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11318**
Registrar's No. **1652**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2108 Ann Ave**
e. STREET ADDRESS (If rural, give location) **2108 Ann Ave**

3. NAME OF DECEASED (Type or Print) a. (First) **John** b. (Middle) **Joseph** c. (Last) **Wohradsky Jr** 4. DATE OF DEATH (Month) (Day) (Year) **Feb 17 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Jan 4 1876** 9. AGE (In years last birthday) **81** 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) **Retired Clerk** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St Louis Missouri** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **John Wohradsky** 13b. MOTHER'S MAIDEN NAME **Catherine ?** 14. NAME OF HUSBAND OR WIFE **Lee (Deceased)**

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. _____ 17. INFORMANT'S SIGNATURE OR NAME **Katherine Schmidt Imperial** ADDRESS **Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic cardiac - vas**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **Heart disease with hypertension**
Mortbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (d) **443x**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

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 (Day) (Year) (Hour) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1-13-57** to **2-17-57**, that I last saw the deceased alive on **2-10-1957** and that death occurred at **5 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. C. Phelps** 23b. ADDRESS **1523 S. Kingshighway I - 1857** 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2/20/57** 24c. NAME OF CEMETERY OR CREMATORY **New Picker Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis Missouri**

DATE REC'D BY LOCAL REG. **FEB 18 57** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Moydell** ADDRESS **Funeral Home 1926 Allen Av**

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1938
AM

(JAN 13 1938
ST NOV)

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George J. Sooboda
Licensed Embalmer No. 4899.....

P. O. Address P.O. Allen.....

**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.**