

FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19142

STATE FILE NUMBER

318

1003

4334

Registration District No. Primary Registration District No. Registrar's No.

|   |                               |  |  |   |  |   |   |
|---|-------------------------------|--|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>  |                               | Length of stay in lb <b>13 days</b>  |  | d. STREET ADDRESS (If outside, give location) <b>2179 2121 Maury Ave.</b>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>WILHELMINA</b> Middle <b>NMI</b> Last <b>OZANIC</b>   |                               |  |  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>5</b> Year <b>1957</b>  |  |   |   |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>Wi</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><b>WIDOWED</b> <del>EX</del> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>10-29-1874</b>   |  | 9. AGE (In years last birthday)<br><b>82</b>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Housewife</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At home</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Germany</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 13. FATHER'S NAME<br><b>M. Drautz</b>   |                               |  |  | 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                               | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT<br><b>Frank Ozanic, above</b> Address   |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease.</b>   |                               |  |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>don't know.</b>  |
| Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>none</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)<br><b>none</b>   |                               |  |  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                               |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>420.0</b> |   |  |   |   |
| 20c. TIME OF INJURY<br>Hour, Month, Day, Year<br>a. m. p. m.  |                               |  |  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE  |   |
| 21. I attended the deceased from <b>4-22-57</b> , to <b>5--5-57</b> and last saw her alive on <b>5-4-57</b><br>Death occurred at <b>2:30 a</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                               |  |  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Walter S. Soeneman, D.O.</b>   |                               |  | 22b. ADDRESS<br><b>1515 St. Louis Ave. St. Louis, Mo.</b>  |   | 22c. DATE SIGNED<br><b>5-6-57</b>                                      |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                               | 23b. DATE<br><b>5-7-57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Park Lawn Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b> |   |   |
| 24. FUNERAL DIRECTOR<br><b>JAY B. SMITH, Maplewood, Mo.</b> ADDRESS   |                               |  |  | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 7 '57</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith Mo</b>                                     |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

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Faint, mostly illegible text at the top of the page, possibly containing identification or administrative information.

**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 *J. Allen Davis*.....  
Licensed Embalmer No. *47*

P. O. Address *St. L.*.....

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.