

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041224
STATE FILE NUMBER
10565

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10565

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, give TOWNSHIP only) OR TOWN ST LOUIS		c. CITY OR TOWN ST LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FAITH HOSPITAL		d. STREET ADDRESS (If outside, give location) 1632 KNAPP ST.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last VERONICA ALEWEL		4. DATE OF DEATH Month Day Year NOV 3, 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 23, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI
13a. FATHER'S NAME NORBERT WYROZYNIK		13b. MOTHER'S MAIDEN NAME MARY METZ	14. NAME OF HUSBAND OR WIFE LAWRENCE ALEWEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. #	17. INFORMANT Address LAWRENCE ALEWEL 1632 KNAPP ST.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic coma DUE TO (b) Bilateral chronic pyelonephritis DUE TO (c) 600.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Arteriosclerotic C.V. Disease			INTERVAL BETWEEN ONSET AND DEATH 3 days 10 months
20a. ACCIDENT / SUICIDE / HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 July 2, 1958, to Nov. 3, 1958 and last saw her alive on Nov. 2, 1958 Death occurred at 7:32 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) V. J. [Signature]		22b. ADDRESS 1126 St. Louis Ave	22c. DATE SIGNED 11.4.58
23a. BURIAL / CREMATION REMOVAL (Specify) BURIAL	23b. DATE 11/6/58	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATL BRIDGE		25. DATE RECD. BY LOCAL REG. NOV 5 '58	26. REGISTRAR'S SIGNATURE [Signature]

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

Dr. J. J. ...
Hadley & ...
1176 ...
cc 1-6176

12 to 11

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 M W Rueter

Licensed Embalmer No. 4865
P. O. Address St Louis Mo

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.