59-003607

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2 681

Health, & Welfare Public Service

. 300
1-57

FILED FEB 4 1959

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

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ALEXIAN BROS HOSP. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY
c. CITY OR TOWN: ST. LOUIS 2249 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3228a IOWA — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First PETER — Middle — Last WARACK

4. DATE OF DEATH: Month JAN — Day 18 — Year 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: NOV 17 1880
9. AGE (In years last birthday): 78 — 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): RETIRED BAKER
10b. KIND OF BUSINESS OR INDUSTRY: LOOSE-WILES BISCUIT CO
11. BIRTHPLACE (City and state or country): AUSTRIA HUNGARY 4
12. CITIZEN OF WHAT COUNTRY? U-S-A

13a. FATHER'S NAME: PETER WARACK
13b. MOTHER'S MAIDEN NAME: MARGARET SCHAEFER
14. NAME OF HUSBAND OR WIFE: SUSANNA WARACK (DEC'D)

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.: 489-10-7506A
17. INFORMANT: EVA BLEIMUND — Address: 8715 ORIOLE

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): Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 36 days
DUE TO (c): Hypertension - Arterio Sclerosis — 3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Glaucoma 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT SUICIDE HOMICIDE: None
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: None
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.): None
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from March 16 1958, to Jan 18-59 and last saw her/him alive on Jan. 17-1959
Death occurred at 7:20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jno C Daubek Jr. MD
22b. ADDRESS: 2767 Gravois AVE
22c. DATE SIGNED: 1-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN 21 1959
23c. NAME OF CEMETERY OR CREMATORY: ST. PETER + PAUL CEM
23d. LOCATION (City, town, or county): ST. LOUIS — (State): MO

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: JAN 20 59
26. REGISTRAR'S SIGNATURE: K. Carl Smith MD MDB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

## 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 James C Dell

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.