Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015992
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 3779

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 — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Length of stay in lb 2 weeks	d. STREET ADDRESS (If outside, give location) 6717 Walsh — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Paulina	Middle: (N.M.I.)	Last: Wodraska	4. DATE OF DEATH Month Day Year: April 15, 1959
5. SEX: Female	6. COLOR OR RACE: Caucasian	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Oct. 25, 1889	9. AGE (In years last birthday): 69 — 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): Cateress (retired)	10b. KIND OF BUSINESS OR INDUSTRY: Self-employed	11. BIRTHPLACE (City and state or country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Joseph Wodraska	13b. MOTHER'S MAIDEN NAME: Anna Wenzlick	14. NAME OF HUSBAND OR WIFE: (never married)		
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.: 489-38-9343	17. INFORMANT Address: Miss Lillian Wodraska, 6717 Walsh, St. Louis		

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) Carcinomatosis - origin in Pelvic

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) organs - ovaries & uterus

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1992

19. WAS AUTOPSY PERFORMED? YES [X] 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 COUNTY STATE

21. I attended the deceased from 11-14-58, to 4-15-59 and last saw her/him alive on 4-14-59

Death occurred at 3:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Theo H. Hauser M.D.	22b. ADDRESS: 3701 Grandel Sq	22c. DATE SIGNED: 4/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4/17/1959	23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park	23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS: HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa St. St. Louis	25. DATE RECD. BY LOCAL REG.: APR 16 '59	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John L Dennek

Licensed Embalmer No. 4194

P. O. Address St. Louis

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.