URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042681

STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210666

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION: 2868 S. Jefferson — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: ST. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2868 S. Jefferson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Adam Middle: Wanko Last: Sr.
4. DATE OF DEATH: Month: Nov. Day: 17, Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov. 27, 1891
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop
11. BIRTHPLACE (City and state or country): Austria Hungary
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Anna Wanko
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.: 498-36-3645
17. INFORMANT: Elizabeth Wanko Address: 3543 Bingham

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): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Some Scalp Hemorrhage extensive. 900.0
DUE TO (c): 21
INTERVAL BETWEEN ONSET AND DEATH

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Following fall down stairs
20c. TIME OF INJURY: Hour a.m. p.m. ? Month, Day, Year 11 1959 in the rear of his home on November 17, 1959.
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.): 243 Home
20f. CITY, TOWN, OR LOCATION: St Louis COUNTY: Mo STATE:

BY AFFIDAVIT OF

21. I attended the deceased from _____ P. and last saw her/him alive on _____
Death occurred at 545 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): Deputy Coron
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 11/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Nov. 20, 1959
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis Co, Mo.

24. FUNERAL DIRECTOR: Witt Bros. J. & H.C. ADDRESS: 2929 S. Jefferson Ave.
25. DATE RECD. BY LOCAL REG.: NOV 19 1959
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed V E Morris

Signature of Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.